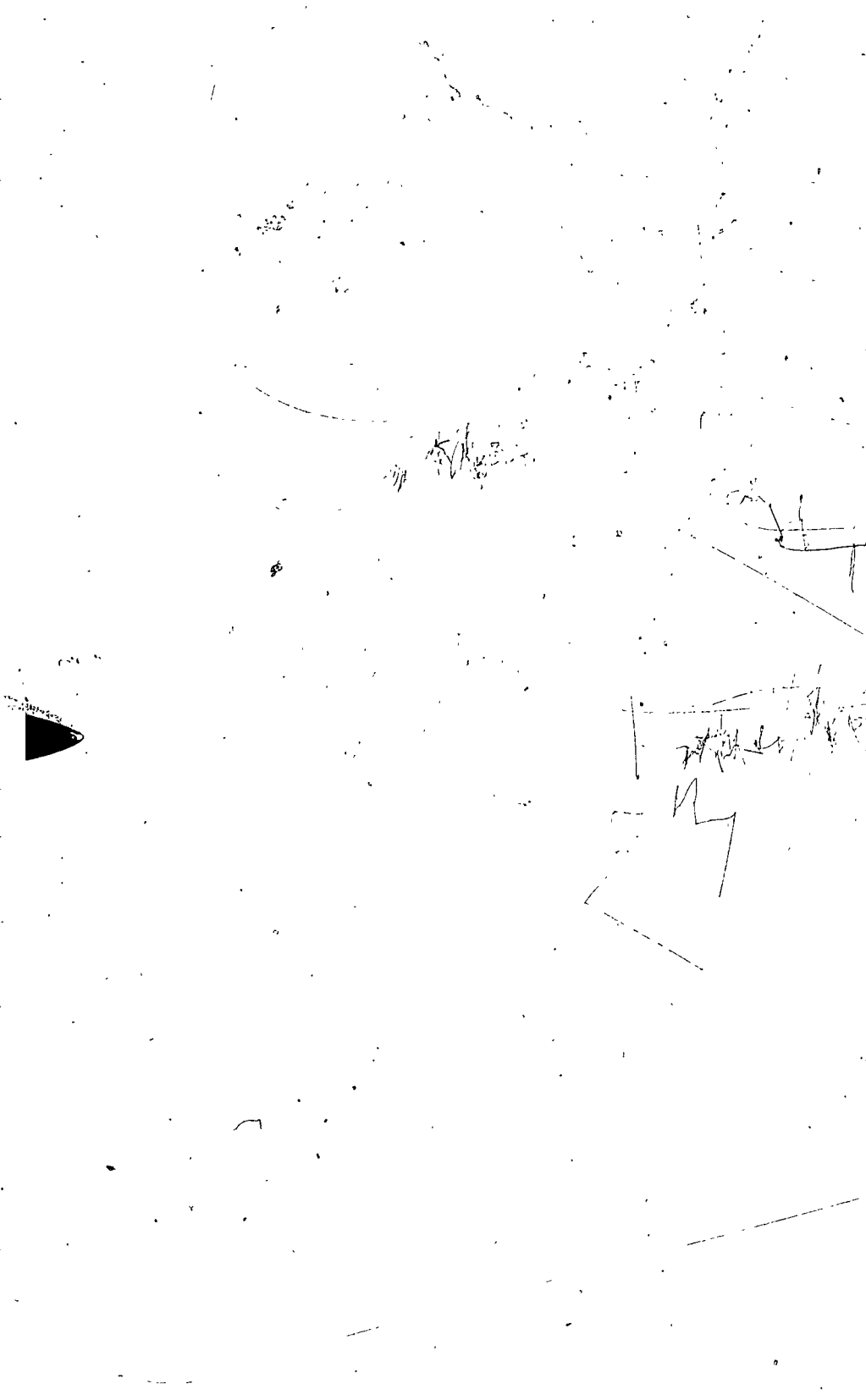


THE NOMADIC LIFE
OF A SURGEON



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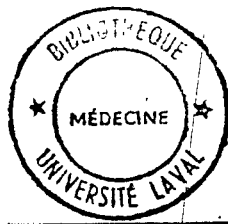
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THE NOMADIC LIFE OF A SURGEON

By
W. CARLETON WHITESIDE
M.D., F.R.C.S., F.A.C.S., F.I.C.S., D.A.B.S.(T).
Edmonton - Alberta



Douglas Printing Co., Ltd.
Edmonton, Alberta
1950



*"He that riseth late must trot all day and
shall scarce overtake his business by night."*

THIS VOLUME IS THOUGHTFULLY DEDICATED
TO THOSE MEDICAL MEN WHO RENEW
THROUGH THE YEARS THEIR EDUCATION
BY TRAVELLING TO THE MEDICAL MECCAS
OF THE WORLD.

PREFACE

The Nomadic life of mankind has been variable down through the ages. Originally a Nomad was one who travelled from place to place in order to find green pastures for his sheep. Today the green pastures of knowledge may be found by travelling to near and distant parts, meeting the men who do the most valued work in any branch of medical science.

The volume entitled "*The Nomadic Life of a Surgeon*" is based upon the travels of the author, a few of which have been recorded.

It may be of interest to others to read of the adventures of one travelling, along life's way avoiding adversity where possible, or when meeting it to face it squarely and make an effort to overcome its seemingly unconquerable barrier.

The following resume is presented, not for any personal reason but it is an attempt to encourage others less fortunate than the author not to give up when the going is most difficult; for that is just the time the tide will turn in one's favor, through one's own courage and perseverance through the master word in medicine, namely, work.

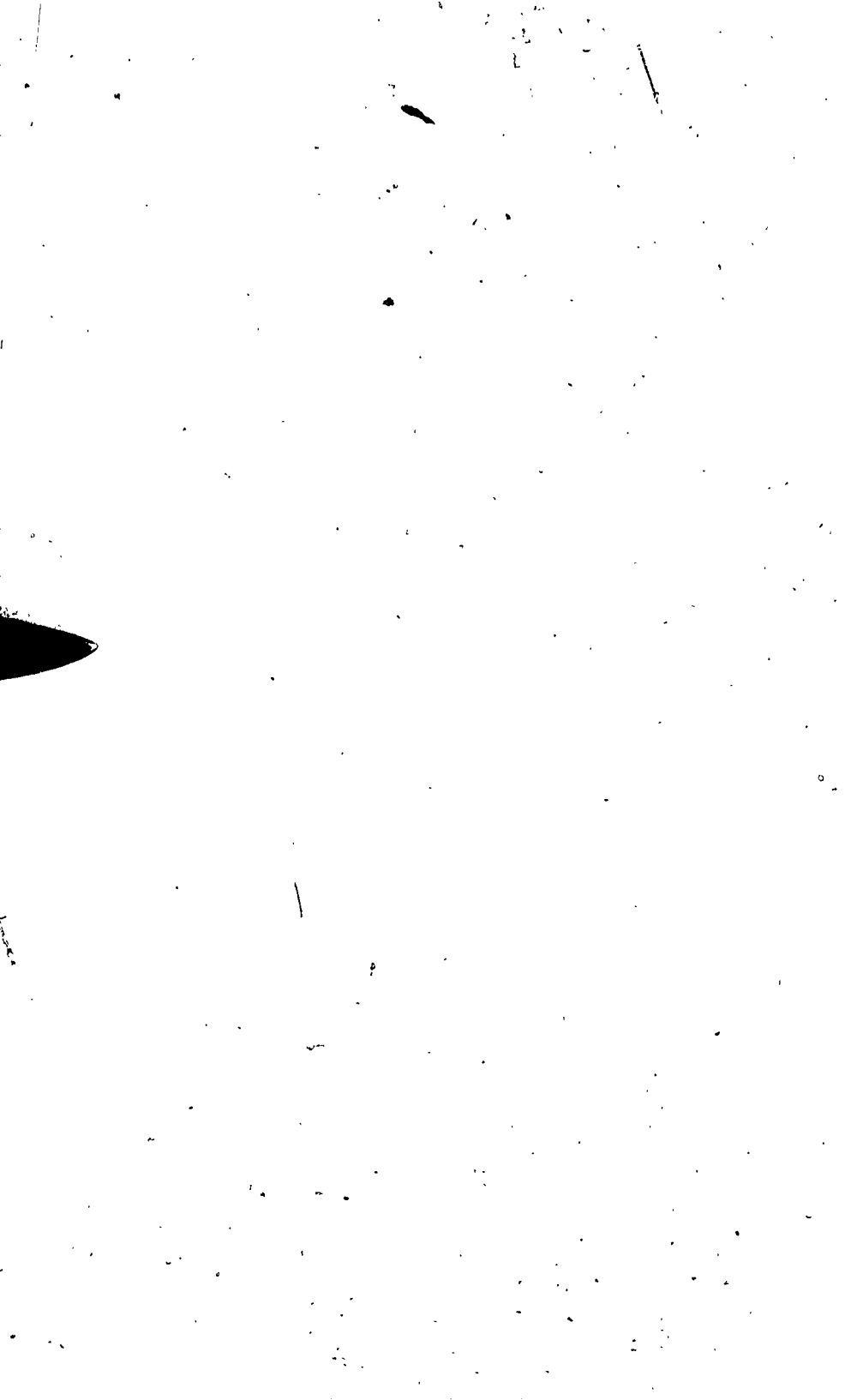
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CHAPTER I.

INTRODUCTION

WORK being the master word of any success, that is, true success, one should devote some time to the real meaning of this magic word.

"Work is the true sesame to every portal, the great equalizer in the world, the true philosopher's stone which transmutes all the base metal of humanity into gold.

The stupid man among you it will make bright, the bright man brilliant, and the brilliant student steady. With the magic word in your heart all things are possible and without it all study is vanity and vexation.

To youth it brings hope, to the middle aged confidence, to the aged, repose. It is directly responsible for all advances in medicine and industry. It is fraught with momentous consequences if you can but write it on the tables of your heart and bind it upon your forehead."

These words of Sir William Osler might well be remembered. He was one of those men who early in life did not possess any monetary riches of this world, but lived in a parsonage with a strict accounting of all expenses and daily performances. Through work and through courage he overcame adversity and won for others and himself a world of medical knowledge.

FROM THE PARSONAGE ONWARD

Nomadism

(Each of the following could be a topic for a paper)

The following methods were used to obtain money for the writer's total educational course in high school and University:

Selling of daily papers, the Fredericton Gleaner and the Canadian Pictorial (magazine).

Working in a fish factory on Saturdays stringing fish on rods for smoking.

Working during the haying and fruit seasons in New Brunswick. Waited on tables at Mount Allison.

Working on a farm in Quebec.

Selling books (People's Home Library) in New Jersey one summer.

Clerking in a jewellery store (Birks) at Christmas.

Working in a harvest field one fall in Manitoba.

Fuller brush agent, following the above grain experience.

Running exhibition meals one fall in Inverness, Quebec, for one week. Went in the hole!!

Steward and "slinging hash" four summers on the C.P.R. Alaskan run (Victoria-Skagway) as well as being first-aid man on this run.

Ship surgeon to Sir Thomas Lipton Shamrock V. expedition.

Sold shoes Saturday afternoons in Edmonton.

Planting gardens in the spring and digging a cellar in New Brunswick.

Received one hundred dollars, only, from father for my education, because of financial circumstances of that noble man. This was repaid early to help him carry on.

Lived in New Brunswick, Ontario, Quebec, British Columbia and Alberta.

PUBLIC SCHOOLING

Public Schooling was an ever-changing process because the life of a minister of the Methodist Church at that period was not stable; rather like the sands of the desert. The schools attended were:

Star School, Alta. and The Academy in Inverness, Quebec.

Upper Arthurette (The Red School House) in New Brunswick.

Linton Corner School (New Brunswick).

Richibucto Grammar School (New Brunswick).

Bayfield School (New Brunswick).

South Devon School (New Brunswick) across from Fredericton.

Mount Allison Academy in Sackville, N.B. Here one worked four years' schedule into two, in an effort to make up for time lost prior to this period, matriculating from this fine Academy.

MEANS OF TRAVEL

The following were the means of travel of the writer:

Railroad, third class, second class and pullman.
Automobile, Victoria, B.C. to New York, 1928.
Buggy—Plaster Rock to Richibucto, N.B., 150 miles.
Cattle train, Montreal from Winnipeg, Edmonton to Vancouver, several seasons.
Dining car from Vancouver to Edmonton as cookee, several seasons.
Steamer, Victoria to Skagway, four summers.
Bicycle, two months selling books in New Jersey.
Motorcycle—from Victoria to San Francisco, 1926.
Automobile, Edmonton to Los Angeles, 1939.
Across Atlantic on S.Y. Erin and Shamrock, 1930, taking 26 days.
1947, Edmonton to Philadelphia, etc.
Underground in New York, London, Paris and Boston.
Airline, Edmonton to London, Stockholm to Edmonton
Ran and walked (much!). Punted on Thames.
Rode horse back from Inverness to St. Julie, Quebec, 15 miles.
Sailed in lobster boat in Northumberland Straits (was deathly sea sick), to Prince Edward Island.

"SLEEP AND REST, SLEEP AND REST"

The following were the places for sleep or rest:

Special bedrooms.
First class cabin to England, 1930.
First class and day coaches.
Seat of auto while selling books in New Jersey.
In hunting camp, tents, cabins.
Old man's home (Salvation Army) in Winnipeg one night, (no money).
Caboose of train:
In wheat bin during harvest in Manitoba.
Haystack and lofts in New Brunswick.
In the "glory-hole" of steamers to Alaska.
Army barracks and tents and transports.
In air-raid shelters. In army sleeping bag.
On verandas.
Hotels, Y.M.C.A.'s and auto camps.



THE COUNTRY PARSONAGE
ON THE THOUSAND RIVER IN N.D.
THE WRIGHTS LIVED UP THE RIVER
THE MINERALS DOWN THE RIVER



NO TOBACCO IN THIS
"NOMADISM"



WE WENT OFF TO THE LITTLE RED WINE
"SHRUB AND MOLASSES"
A FEW TRADE-INS WERE MADE
AT THE NOON MEAL



INSIDE THE LITTLE BERRILL
"10 CENTS FOR CIGARETTES"
"FIRE-PLUG"



ON THE ALASKAN RUN
FOUR SUMMERS



ALASKAN "GOLDILOCKS"
THOSE CAPS WERE THE STYLE



THE ALASKAN RUN "ON THE SCUB"



VICTORIA TO SAN FRANCISCO
"PARTNER"



AT BRAGWAY ALASKA
IN MEMORY OF A DESPERADO U.S.
HIS GRAVE LIES UP THE STREAM



THE CLINIC FOUR



NO CHAMPIONS WE
X BRAGLEY "UNITY" - "MILK" - COOPER
CHASTIE



INTERVIEWING IN NEW YORK
"THE NOMADIC LIFE OF
A SURGEON"



"WENT TO VISIT TO BARRON"
"WENT TO VISIT"
A CONSULTATION IN PROGRESS



HER MAJESTY VISITS MY WARDS
NO. 11 C.R.N. AT TAPLOW

In railway stations.
In lectures.
In aeroplanes.
In the open.
In hospitals.
In bed!

EN ROUTE

Travelled to date (1948):

North America—from Alaska, Peace River to San Francisco, Victoria to Labrador, Edmonton to Baltimore, Edmonton to New Orleans.

To Europe three times (once via the army), once by air.

To Alaska 32 times (74,000 miles).

To London, Paris, Rome, Vienna, Venice, Florence, Hanover, Cologne, Brussels, Antwerp, Dunkirk, Stockholm. Numerous cities of England and Scotland, and U.S.A. to the Azores.

Sarcee Military Camp, two summers, R.C.A.M.C.

Annual post-graduate trips since 1931, to the United States.

PROFESSIONAL POSITIONS

Became a member of the University Staff, 1932, commencing practice in Edmonton in December, 1931.

Demonstrator in Anatomy, 1931 - 1935.

Commenced practice, 1931 (December) in the Birks Bldg., Edmonton, (general practice).

Commenced surgical practice (only) in 1936, doing all surgery except cerebral and genito-urinary.

Commenced thoracic surgery with the above in 1936.

In Army service, R.C.A.M.C. July 15th, 1941 to Dec. 3rd, 1945. Overseas 1943 - 44 - 45.

Commenced specializing in thoracic surgery only, Jan. 1st, 1946.

Chairman Interne Committee, 1934 - 37.

Member of the Harrison Club (Medical Reporting).

Medical examiner for the Edmonton Normal School. 1938 - 39 - 40 - 41.

Member of the Examination Board, Militia, 1939 Sept. - July 1941 when the active service was joined.

President of Medical Board (Militia) to the Peace River area 1940.

Secretary, Royal Alexandra Hospital Medical Staff, 1934 - 35.

President of the R.A.H. staff, 1935 - 36.

Medical officer to the Edmonton Fusiliers, 1938 - 40.

2 I.C. of 4th C.C.S. (second of Edmonton, 1940 - 41).

A charter member of the Northwestern Association of Clinical Surgeons, Feb. 7th, 1941.

Made surgeon to the Cancer Diagnostic Clinic for the Alberta Government Jan. 2nd, 1941. Dr. George Malcolmson as Director.

Member of all four city hospitals since 1932.

Surgeon to Sir Thomas Lipton's expedition to America, Shamrock V. (1930) across Atlantic.

Specialist in Surgery in R.C.A.M.C. In charge of Surgery at Sussex Military Hospital, Sussex, N.B. 1941 - 43.

Became surgeon specialist to No. 11 Canadian General Hospital in England, and the same capacity with No. 8 C.G.H. on the Continent, Belgium and Holland.

Chairman of Editorial Board, Canadian Medical Association, Alberta Division.

Appointed to D.V.A. Surgical Staff as thoracic surgeon, May 1st, 1948 (unofficially in this capacity since discharge from the R.C.A.M.C. Dec. 1945.)

Organizer and first President of the Medical Officers' Reporting Club of Edmonton, 1941.

Instigator of the Internes' Pathological Museum of the Royal Alexandra Hospital, 1934-35.

INTERNESHIP

Internship in the following hospitals:

Externship at University of Alberta, 6 months.

Externship at Royal Alexandra Hospital, 6 months.

Moses Taylor Hospital, Scranton, Pa., 18 months.

Manhattan Maternity and Dispensary, N.Y. affiliated for two months, with Moses Taylor Hospital.

Post-graduate work in London, England; Edinburgh, Paris and Vienna, one year, 1930.

DIPLOMAS AND CERTIFICATES OBTAINED

M.D., University of Alberta.

L.M.C.C. (Licentiate of the Medical Council of Canada).

College of Physicians and Surgeons, Alberta.

Mount Allison Academy.

Manhattan Maternity and Dispensary, New York and
Moses Taylor Hospital, Scranton, Pa.

College of Physicians and Surgeons of New Brunswick.

Fellowship in the Royal College of Surgeons of Canada.

Fellowship in the American College of Surgeons.

Specialist's Certificate in General Surgery of the Royal College of Surgeons.

Specialist's Certificate in Thoracic Surgery of the Royal College of Surgeons.

Specialist's Certificate in Thoracic Surgery of the Senate of the University of Alberta.

Membership in the American Association of Thoracic Surgeons.

Charter member, Surgical Society of Western Canada.

Fellow of the International College of Surgeons.

Diplomate American Board of Thoracic Surgery.

NON-MEDICAL

Board of Stewards, McDougall United Church, since 1934.

Member of the Historic Committee of the McDougall Memorial Church.

Member of the Archives of the United Church of Canada in Edmonton.

Board of Governors of Alberta College.

Member of the Senate of St. Stephen's College.

President (one-time) Maritime Association of Edmonton.

Member of the United Empire Loyalists Association of Canada.

Honorary Member of the St. John's Ambulance Association.

MEDICAL PUBLICATIONS

Publications to date (1950) and found in the Journal of the Canadian Medical Association, British Journal of Surgery, The Canadian Nurse, The Moses Taylor Hospital Bulletin, and the Alberta Medical Bulletin:—

Bicornuate Uterus with Closed Accessory Horn.

Mesenteric Thrombosis.

Nephrosis.

Accessory Pancreas (Duodenal).

Leber's Optic Atrophy Passing through Six Generations—
A Sterilization Problem.

A Non-specific Common Iliac Aneurysm—Treatment by
Wiring.

Middle Lobe Bronchiectasis—Lobectomy.

Rules and Regulations for the Interne Staff (R.A.H.).

Just a Cold in the Chest.

Why Forget Pericarditis?

The Dysphagias Through the Ages.

Euthanasia.—12A. The Middle Lobe Syndrome.

Maybe They Will Come Again.

Freedom of the Bed.—14A. Traumatic Chylothorax

Primary Carcinoma of the Lung—Pneumectomy.

A Surgical Tour of Sweden.

The Role of Surgery in Myasthenia Gravis.

The Surgical Treatment of Patent Ductus Arteriosus.

A SURGEON'S MEMORABILIA

*Medical and Surgical Papers written and presented at Medical
Meetings—The following is a list of titles of the above:—*

1. A surgical Tour of Sweden (1948).
2. The Role of Surgery in Myasthenia Gravis (1948).
3. Surgery for Medical Students. (1939) Book.
4. The Role of the Liver in Surgery. (1938) A Book Review.
5. March Fracture. (1943 - England).
6. Accessory or Ectopic Pancreas (1936).
7. Nephrosis (1929).
8. Ruptured Nucleus Pulposus (1939).
9. Primary Carcinoma of the Lung — 3. (1938 and 1941).
(1943 Army).
10. Some Recent Advances in Thoracic Surgery (1940).
11. Principles in First Aid to the Injured (1939 Army).
12. The Taking of a Biopsy (1938).
13. The Cardiovascular Complications following Operations
(1938).

14. The Shamrock V. Expedition (a log), (1931).
15. Resuscitation of the Heart after 17 minutes Cessation (1944 England).
16. The Human Foot (1942 Army).
17. Introduction to Surgery (1938).
18. History of Surgery (1937).
19. Two Pulmonary Masqueraders (1940).
20. A Leaking Non-Specific Aneurysm of the Common Iliac Artery—Treatment by Wiring (1939).
21. The Establishment of Medical Schools in Canada (1935).
22. Post-Traumatic Painful Osteoporosis (1943 England).
23. Lumps, Bumps and Spots (1943 England).
24. The Open Pneumothorax Wound (1943 England).
25. A Presidential Address (Maritime Association), (1937).
26. Advice Regarding Post-Graduate Study (1938).
27. Preparing for the F.R.C.S. Finals (1939).
28. Wangenstein Suction-Siphonage (1938).
29. Whose Who in the Western Hemisphere (Biography), (1941).
30. Military Information, Personal (1939).
31. The Operative List 1931-1941.
32. Spinal Puncture Technique (1938).
33. Rules for Writing Examination Papers (1938).
34. Complications and Sequelae of Fractures Occurring in Proximity of the Ankle Joint (1943 England).
35. Emergency Surgery in Air Raid Casualties (1941).
36. Anthrax (1929).
37. Severance of the Thoracic Duct by a Bullet (1947).
38. Duodenal Ileus (1938).
39. Acute Intestinal Obstruction (1938).
40. A Trip to Rome (1931).
41. Milroy's Disease—Hereditary Trophoedema (1929).
42. Familial Optic Atrophy, An Hereditary Problem (1935).
43. Letter Regarding the Restoration of the old McDougall Church (1938).
44. The Human Foot. (Part II.), (1941 England).
45. The Relationship of the Adrenals to Hypertension (1938).

46. The Adrenal Gland and its Lesions (1938).
47. In Touch with Death (1946).
48. Pyrexia without Obvious Cause (1929).
49. Prolonged Pyrexia (1929).
50. Arthritis (1934).
51. The Knee and Its Pathology (1943 England).
52. Subacromial Bursitis (1943 England).
53. Undulant Fever (1937).
54. Traumatic and Other Affections of the Knee Joint (1942 Army).
55. Mesenteric Thrombosis (1929 Pennsylvania).
56. The Knee Joint (1942 Army).
57. Inflammatory Lesions about the Anus (1941 Army).
58. Hiccough (1929).
59. Surgical Aspects of Tuberculosis (1947).
60. Rules and Regulations for Internes (1936).
61. Essential Constipation (1947).
62. Middle Lobe Bronchiectasis (1939).
63. Uterus Bicornuate (1929).
64. Patent Ductus Arteriosus (1948).
65. A Treatise on Thoracic Surgery (1948), Book.
66. Prof. Erdheim of Vienna—A Travelogue (1930 Austria).
67. One Day in London—A Travelogue (1930).
68. En Route from Vienna to Rome—A Travelogue (1930).
69. Vienna the Beautiful—A Travelogue (1930).
70. The First Time I Saw Paris—A Travelogue (1930).
71. Three Landmarks of London—A Travelogue (1930).
72. St. Stephen's Church of Vienna (1930).
73. A Surgical Tour of Eastern United States (1946).
74. Myasthenia Gravis (1946).
75. Some Facts on Multiple Polyposus (1938).
76. Rupture of the Nucleus Pulposus (1941).
77. Rome—A Travelogue (1931).
78. Catheterization (1938).
79. The Human Foot (Parts II. and III.), (1941).

80. Primary Carcinoma of the Trachea (1946).
81. An Intravenous Procedure (1935).
82. Tips for Travelling (1935).
83. Thoracic Surgical Nursing (1946).
84. Paroxysmal Hypertension (1938).
85. Paralytic Ileus (1938).
86. The Treatment of Fractures by Means of the Stader Splint (1942).
87. Primary Carcinoma of the Lung (1941).
88. Carcinoma of the Oesophagus (1947).
89. Perforated Peptic Ulcers (1938).
90. Monthly Report No. 8 C.A.H. February (1945 Holland).
91. Monthly Report No. 8 C.A.H. March (1945 Holland).
92. Traumatic and Other Affections of the Knee Joint (1943 England).
93. The Diagnosis and Treatment of Cancer (1942).
94. Injuries to the Knee Joint (1943 England).
95. Report of the Editorial Board (1948).
96. Rules for Writing of Examination Papers (1936).
97. Poor Surgical Risks (1937).
98. Bronchiectasis (1939).
99. Foreign Bodies in the Air Passages (1946).
100. A "Lest-We-Forget" List (1934).
101. The Nomadic Life of Carleton Whiteside (1918-1948) Book.
102. A Surgical Emergency (1948).
103. Report of the Entertainment Committee (N.W.S.A.), (1947).
104. The History of Arthritis (1934).
105. Acute Cardiac Arrest (1947).
106. Pulmonary Cysts (1947).
107. When the Doctor Addresses the Public (1939).
108. On Public Speaking (1939).
109. Presenting or Publishing Papers (1938).
110. Words of Great Men all Remind Us (1928-1948), A Book.
111. King George V. and a London Fog (1930 England).
112. Guy's Hospital Museum (1930 London).
113. Her Majesty, Queen Elizabeth (1944 England).

114. Box Seventeen of Albert Hall (1931 England).
115. General Surgery for Nurses (1947).
116. Congenital Hemihypertrophy, Progressive Facial and Crossed Hemiatrophy, and Progressive Hemiatrophy of the Face (1940).
117. The Theoretical Causes of Cancer are Many (1940).
118. The Prevention of Atelectasis and Pulmonary Collapse in Operative Patients (1940).
119. The Spontaneous Hypoglycaemias (1940).
120. The Internship.
121. The Care and Set-up of the Oesophagoscope and the Bronchoscope.
122. Some Able Men of Stockholm.
123. A Surgical Emergency.
124. Patent Ductus Arteriosus (Its Signs and Symptoms).
125. The Physical Examination of the Abdomen (1935).
126. Introduction to Clinical Surgery (1938).
127. Water Balance and the Method of Parenteral Administration.
128. The Disadvantages of Dextrose (Glucose), (1938).
129. Blood Transfusions (1939).
130. A Few Blue-Prints of Surgical Lesions (1938), Booklet.
131. A Surgeon's Operative List (1931-1948), Excluding the war.
132. General Surgery for Nurses (Book).
133. A Surgical Pathology (1937). (Book).
134. War Surgery (Personal Cases), 29 Books (1941-1945).
135. One Hundred Major Operations (1937), Book.
136. Freedom of the Bed (1949).
137. The Dysphagias Through the Ages (1950).
138. Maybe They Will Come Again (1949).
139. Euthanasia (1950).—139A. Traumatic Chylothorax (1949).
140. Just a Cold in the Chest (1949).
141. Why Forget Pericarditis? (1949).
142. The Progress of Thoracic Surgery in Alberta (1949).
143. Pericarditis.—143A. The Middle Lobe Syndrome (1950).
144. Thoracic Surgery for Nurses (1950).
145. Congenital Cardio-Vascular Defects (1949).

R.C.A.M.C. MILITARY SERVICE

Assistant Medical Officer to Edmonton Fusiliers, 1938 - 40
(Lt. - Col. E. L. Pope, M.O.). Attended Sarcee Camp two
summers:

Later Medical Officer to that Battalion, 1940.

2 I.C. No. 2, 4th C.C.S. (Edmonton), 1940 - 41.

Joined Active Service, July 15th, 1941. Captain to Major.

Chairman of Medical Board to Peace River, 1941.

Transferred to Sussex Military Hospital in charge of
Surgery, rank of Major, Oct., 1941. Surgeon-consultant to
Army, Navy and Air Force in M.D. No. 7, Oct., 1943.

Joined No. 11 Canadian General Hospital as Surgeon-
specialist for overseas service, Oct., 1943. Sailed to England
Oct., 1943 on Queen Elizabeth with 18,000 others.

Stationed at Taplow, England, until after the Normandy
campaign. In three London air-raids by bombs, and VI and
VII (bombs).

Transfer to No. 8, C.A.H. in Antwerp. We were bombed out
of Antwerp and moved up to St. Michael Gaestel in north-
west Holland, and established a hospital in a very large
seminary.

Went through the Rhine crossing, 11,400 casualties ad-
mitted in six weeks, commencing Feb. 8th, 1944.

Upon closure of war and No. 8 C.A.H., joined No. 2 C.A.H.
at Ghent, Belgium, until its closure in July, 1945.

Back to England and Canada, Oct. 1945, on Ile de France.

Discharged from Army, Dec. 3rd, 1945.

Ribbons for service: Active, Canada, England and North-
west Europe campaign.

ANNUAL POST-GRADUATE SOJOURNS

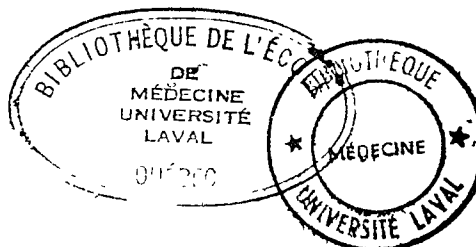
Post-graduate work carried out since 1932-1949.

To Montreal and Toronto and Chicago, 1933.

To Toronto General and Boston Hospitals, 1934.

To Boston, Philadelphia, New York and Cleveland, 1935.

To New York, Boston and Philadelphia and Cleveland,
Montreal, 1936.





WHERE GAY WROTE HIS ELEGY. "THE
LOWING HERD WINDS OVER THE LEA"



OFFICERS OF NO. 11. C.B.M. TO FLEMING
COL. WATSON C.O.



ON LEAVE TO PARIS-BRUSSELS.
MILITARY INFORMATION"



WE WERE BOMBED OUT OF HERE
ANYWHERE.



AT CAMP SARGEE, COL. POW.
WHERE ARE RUN BLINKIN ORIES?



AS IT WAS
SO IT IS.



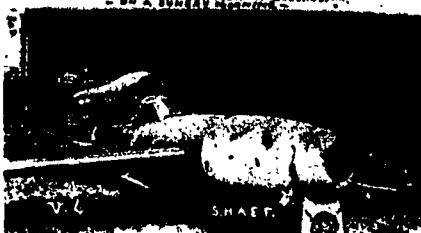
CHLADON. AT WITLEY. ENG.
THERE ARE 10000 MORE MEN
TO EXAMINE "LET US GET
THEM FINISHED"



A GRAND GROUP OF MEN AT COLLEGE.
ON A SUMMER TRIP.



HITLER'S SEA-SIDE. NORTHSEA.
THE ALLIES NAME BY THE NAME OF



SHAFT.

A LITTLE "Doodle-BUG" - A VI. TO YOU.
"THERE IT GOES"



HER MAJESTY GAVE COMFORT
JUST AFTER NORMANDY
INVASION SHE CAME TO US



ANY EAST?



HITLER'S GAS
CHAMBER



LEAVING FOR
THE CONTINENT



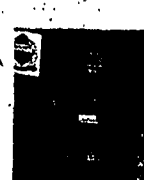
KEEPING IT



NO GAS!
USE FEET



AT LAST



FORWARD
MARCH !! HOME

To Montreal for a course for Royal College, 1937.

To St. Louis, Ann Arbor, Rochester, Baltimore, New York and Boston, 1938.

To St. Louis, Chicago, Detroit, 1939.

To Los Angeles (Thoracic Convention) spring of 1940. To Surgical Meeting of N.W.A. of Clin. Surgeons at Winnipeg, 1940. To Tri-State Medical meeting in Cleveland, 1940, and American College of Surgeons, 1940.

To Ann Arbor, New York, Boston, Baltimore, 1941.

1941-1945—In R.C.A.M.C. (plus Thoracic Surgery with Mr. Price Thomas of London, at Horton C.M.S.). For reference kindly see the 29 bound volumes of work done while in the service. Surgical course at Hammersmith Hospital B.P.G. (Hospital) 1943, London.

To Baltimore, Detroit, Ann Arbor, Boston and New York, 1946.

To London and Stockholm. Newcastle and Leeds, 1947. Attended Royal College of Surgeons Meeting, Ottawa, 1947.

To Thoracic Convention, Quebec City, June, 1948. Boston and Baltimore, 1948.

Thoracic Convention, New Orleans, 1949. Also Baltimore and Boston.

To Provincial Medical Conventions annually in Alberta.

International College of Surgeons at Philadelphia, (1949)

Tri-State Medical Convention, Philadelphia, (1949).

CHAPTER II.

BREAD AND MOLASSES

(The Little Red School House in New Brunswick)

(A Recollection)

There is a little red school house by the side of the Tobique River, in Upper Arthurette in Victoria County, of New Brunswick. Nestled at the foot of a wooded hill this ten double-seated tiny school was the education centre for the children near about. Here we went five days a week, through sunshine, snow, deep snow, and rain, with our big yellow colored lard pails, lunch baskets, or paper bags, filled with what frugal subsistence a number of our parents could gather together, so that our lot would be better than theirs.

The names were standard in that part, the McNairs, the Wrights, the Sissons, the Whitesides, and all still bosom friends,—a few from each house, yet five of the latter, who came out of the country parsonage, without a mother. Mother's place was taken by a sister, age fifteen; she it was who did all the washing, the baking, and most of the cleaning for the six of us, and yet she it was who headed the thin line through the deep New Brunswick snow so early in the morning, until the winter I got the "big job" of lighting the country school fire for ten cents a morning and sweeping out the school after school closed. This was my first really "big" job, and after walking two miles I think I earned that ten cents. When spring came the price dropped quickly to five cents for the cleaning process.

One could go on and recall the incidents of play-time, of being switched about the bare legs by the teacher, drawing faces in the snow, sliding down the slopes of the hills on scooters made from barrel staves, or wading in the river when the ice was going out in the spring, and getting birched for it. Catching rides on the lumber sleighs on their way to the lumber camps, or even marvelling at the way these big lumberjacks could spit their tobacco juice so far across the crystal white snow; even the hunting of ground-hogs or squirrels, and yet avoiding the haunted house on the way to the little red school is refreshing to recall. On one occasion, when my scooter started down towards the haunted house with me on it, so frightened was I that I rolled off that scooter and ran as fast as I could back up to the road where the other "braves" were white with fear from my experience. I never did go after that scooter, for it landed too near

that haunted house, near which no one child would dare go. Yes, these and a hundred other memories can fondly be recalled, for they were the basic days of one's life, those molding days of home and school training when youth is at its best for molding.

Let us recall the title of this little story of a short but true period of one's life—a true story of bread and molasses. Being of very poor circumstances financially, but by no means religiously, our food for school in the big yellow lard pail was not fancy like the food of the Wrights or the McNairs (now Premier McNair of New Brunswick); only on a Monday would there be an added treat of a molasses cookie or a ginger snap. The other four days our noon-day meal was made-up of good home made bread, with good quality flour from the barrel, and one other delicacy,—no, not butter, nor jam like the McNairs or the Wrights, no, that was not for the Whitesides. Those cost money and Methodist ministers got so little of that that it all went on solid shoe-packs and other clothes from the T. Eaton Company, for the catalogue of that company was bought from twice a year, but used the year around!

No, the other food in the big yellow colored lard pail was molasses, evenly spread, fairly thickly on each large piece of home-made bread, made by one of my sisters, age fifteen. There was no fruit of course, but we had our oatmeal porridge, and pancakes for breakfast, and our dinner was bread and molasses, except on Mondays when we had a cookie. I used to try and trade a great big piece of bread with lots of molasses on it for a small neatly cut piece of bread with jam and butter with the Wrights, but was only on occasion successful, through sympathy I guess. I thrived though on bread and molasses and on a few "trade-ins" with my chums who were more fortunate than I was. If the West Indian inhabitants only knew how the Whitesides increased their sales of molasses in New Brunswick during those lean and formidable times I am quite sure a reward would be given.

In the winter all the pails were placed near the fire so that the food would thaw out from the frozen state it was in while coming to school. I recollect that it was the Whiteside's big yellow lard pail which was turned upside down during the first recess,—that was the duty of my sister who made our lunch. Knowing molasses as we knew it so well, it was necessary to carry out this routine with the big yellow lard pail in order that we five would get an equal or near-amount of molasses on our bread, for had the pail not been turned upside-down at half time those who got the bottom pieces of bread would get most of the molasses and the ones getting the top pieces got mostly bread alone, so the pail was turned each day at recess; and so we ate our equal amount of bread and molasses and enjoyed our day at the Little Red School in dear old New Brunswick, the flowering bed of Canada.

DOING THE ROCKIES ON A CATTLE TRAIN

(*A Travelogue*)

The University examinations being completed I took myself to the stockyards of Edmonton with my worldly goods, and made final arrangements with the cattle shipper to be nurse-maid to a train load of cattle, pigs and sheep. Several other lads were going on the same long train so we expected a jolly fine time.

We sat around, got acquainted with our "patients", and obtained a two dollar lunch from the shipper to keep us fed on the way to Vancouver with our unhuman load.

When the time was up for the train to pull out, we climbed into the third-class coach attached for our "comfort". This car was a new wrinkle; for the last two years I went caboose with my cattle ahead in their appropriate cars.

Each one of us found a seat among many empty seats and prepared to bunk down for the night. Not having any blanket I used what extra clothing I could muster from my grips to keep me warm, especially while nearing and passing through the Rockies via Jasper.

The Only reminder that we had stock on board was plainly forced upon us after passing through tunnels in the mountains!

Whenever there was a trans-continental passenger train coming or going, we were shunted on to the side-tracks and allowed "society" to pass in all its glory.

The scenery was grand all the way, and we got some wonderful views of the Rockies from our vantage point on top of the cattle cars during the day time. We would wave to other hoboes travelling the rods in the opposite direction on freights. Needless to say we were grimy with coal-dust and just plain travel dirt.

At Kamloops the stock was fed. We each had decided to help one another in feeding and watering the stock. When the engineer ran our train to the siding at the stock-feeding area we opened the cattle doors and nudged the cattle out down the ramp into well-arranged pens, where water was supplied in troughs by the local "talent." While the cattle drank we broke bales of hay and filled the long mangers in the now empty cattle cars.

To feed the pigs and sheep which were remaining in their cars, we had to open bags of feed which were wired to the ceiling of these open cars, as well as to pour water into troughs which were built around the car inside. The bags could not be reached other than by going through a little trap-door near the floor at the end of the car. After getting the pigs away from the immediate proximity of this little door, I managed to crawl in amongst the bacons, hams and pork chops. There were pigs all around my legs. Soon one big porker took my feet right from under me and down I went amongst the hungry "squeals" and all that sort of thing; all this to the great enjoyment of my helper, who was really supposed to be filling the water-troughs by means of a water-hose.

Well, after I got on my feet again I decided I could no more get those two bags of grain down from the ceiling than eat them, so I thought if the pigs were hungry enough they could scramble for their food, so by means of a jack-knife I proceeded to cut the bags, with the fully expected result of a shower of grain from each bag as the gap opened wider and wider, but I did not expect the pigs all around my legs to be so hungry. By the time I crawled out of that pig-stye I thought my legs would be bent in all directions, but they were satisfactory although most unclean.

The pigs were just like pigs, and they enjoyed their "bread and water."

We fed the sheep through a partially opened door with hay, but while doing so one little fellow got out and jumped or fell to the ground and scampered off. We closed the door and ran after him? she? it? and what a chase! I did not know that woollies could travel so fast. We finally cornered him? her? it? and did we ever hang onto that woollie; we did not walk him? her? it? but literally carried it? by the wool of its back, its little legs threshing the air in galloping fashion. Into the car it went and the door closed and locked behind it?—We never did find out—

When all the cattle were driven into their proper cars we locked them in, and off we went to Vancouver, another night of turning and snoring. So goodbye Kamloops,—for this year at least.

As we neared the city of Vancouver, the train stopped for a "society" train to pass. While waiting we got the first coat of dirt off our hands and faces in the Fraser River, but nearly had to run for it as the cattle train started off.

Upon arrival in Vancouver stockyards, we presented our travel credentials and the number of stock we were responsible for. Having satisfied the authorities we "nurse-maids to the stock" went to the washrooms, washed, changed our clothes and again looked half respectable. We bade goodbye and went our own directions. I took the boat to Victoria, my home, and soon after getting settled there commenced my work with the C.P.R., B.C. coast Steamship Co. as a steward and "hash-slinger" on the Princess Alice, running between Victoria and Skagway, Alaska, with an average make of \$11.00 per day during the 90 days of summer work. This job was a Godsend to me and I had it for four summers during my University course. In the Fall, the trip back to the University was always made as a third cook in the galley of the C.P.R. dining car, washing dishes and peeling potatoes, and then eating real good C.P.R. food with all the regular dining car men—a swell bunch they are.

And so I bring this travelogue to a close,—a part of a nomadic life which is becoming ever more interesting and educational, for throughout it all one learns human nature, nature, and perhaps a sense of humor, which is invaluable to anyone going in for medicine.

CHAPTER III.

VIENNA THE BEAUTIFUL

(A Travelogue 1930)

"Vienna would not move to the Danube so they brought the Danube to Vienna".

Vienna influences one early upon arrival by its people, and this influence remains with you when you leave this city of music and medicine.

The influence is due no doubt to the following good impressions one gets by the way of life of her people. The basic factors found in the Viennese are the following: they are happy, courteous, they are friendly and honest, and they are cultured with the highest talents:

Wein (Vienna) is a beautiful city with its countless statues, its parks and large buildings with statues and carvings as decorative and as lovely as many of the originals. Fountains spraying water high into the air make a beautiful view at night time; these are especially well seen in the Royal gardens.

The boulevards are wide and have shady trees along the course. The streets are of cobblestones in many parts of the city but these are always kept clean. There is a small fine levied if anyone as much as drops the paper off chewing-gum!

The opera house of Vienna is an imposing structure on the Operng (street) or circle. The stores of greatest interest are on the inner ring of the two-ring centre part of the city. It is rather a difficult city for orientation purposes for the streets are in all directions but the friendly Viennese are a great help.

The hospitals of Vienna are many, and famous clinics abound throughout the city. Surgical work can be easily obtained at these places. The writer chose Von Breitner and Witzel's clinics for a course in surgery, of six months, and Erdheim for pathology. The general set-up for post-graduate work is arranged through the American Medical Association of Vienna in connection with the University of Vienna. The material is very, very plentiful at all the hospitals.

It was my first experience to see surgery done without gloves; this took place at Finister's Clinic. This famous gastric surgeon does all his work under local anaesthesia. Dank's work is excellent but

perhaps a little too much of the German forcefulness. Boehler has a terrific set-up at the accident hospital of Vienna,—here he gets all the compensation fractures, and what numbers! No wonder he can put out the book he has so well illustrated. He is most meticulous in his work. My time was well spent with him and his assistants.

The Vienna breakfast is well known; a cup of good coffee with whipped cream, an egg and fresh grand rolls with fresh butter and jam.

The Austrians are courteous in all walks of life and one soon begins to realize that they have had a glorious past,—of the future no one knows. Even in their depressed post-war state their inborn good qualities remain on the surface at least.

The people have beautiful pearl-and-cream complexions, many are fair, neatly dressed and sport is indulged in, especially skiing and skating at this time of the year. One would say 90 per cent figure-skate or waltz. The "foreigner" like myself skated *straight*.

Instead of going to movies the children go to art, music, opera, and learn the home handicrafts handed down from parent to child. Their schooling is along similar lines. Crime is very low here in this wonderful city. There is obvious great respect by the children towards their elders, good manners are seen in and out of the home, in public places and in the buses.

Conveyance is by street car, which consists of two or three cars attached, this is slow. A new system of trolley buses is beginning to show up on the heavy routes.

The autos on the whole are larger than those in the United States and some very fine cars are seen. Many three-wheeled trucks are seen on the streets. Many horses are here in comparison with America.

The public lavatories are much less "public" than one found in Paris—where others can see your head and feet! And speaking of such things the number of dogs in Vienna is certainly great—unfortunately one just has to watch his step. All the dogs wear a wire mask for many are rabid.

The police are militaristic in their service and make a fine appearance.

Many cafe and keller or cellar restaurants are to be found in Vienna with many out-door cafes for wine and beer. Music abounds at all these, especially at night. "The Kellers, oh those Kellers, down far down beneath earth's ruddle, Where men and women do drink and cuddle." In the evenings these centres are usually crowded by a jolly musical lot of Viennese, who wile away the evening over one or two glasses of beer or a cup of coffee. Seldom does one see a Viennese drunk. These people enjoy their leisure over wine or even stronger drink. They know how to drink, so unlike the American,

At these cafes music is played and folk songs are sung by the customers. Reading material—but no water—is handed to you upon sitting down for a meal. There is no rush to serve you and it is quite common to wait 20 minutes before they will take your order. There is no need to rush—one is away from the rush of the world while in Vienna.

Many crows (ravens) are to be found in the parks of Vienna and in the trees throughout the city. Song birds abound throughout the beautiful shade trees and sweet music from these awaken you in the early morning.

In passing, one should mention the number of beautiful girls in wonderfully rich fur coats seen on the street and at the opera and cafes. The climate and the way of life of the Viennese accounts for the loveliness seen in so many places. For a country following a war Vienna certainly has carried on very well.

The Austrians go to their work cheerfully, take their pleasures regularly, and live a happy life. Handshaking and doffing the hat is a custom always observed by all classes. Men lift their hats to one another; courtesy is commonplace.

One will always leave Vienna with a longing to return.

ST. STEPHENS CHURCH OF VIENNA

(A Travelogue)

On a Sunday afternoon it was that the writer visited this historic structure near the very heart of Vienna.

The original structure was built by the Romans in 900 A.D. Roman architecture is still evident at one end of the church; while at the other end Gothic is evident. The present church was built between 1200 and 1450 A.D.

It took about 250 years to carry out the architectural work on this most decorative church in this country, and it remains a masterpiece to this very day.

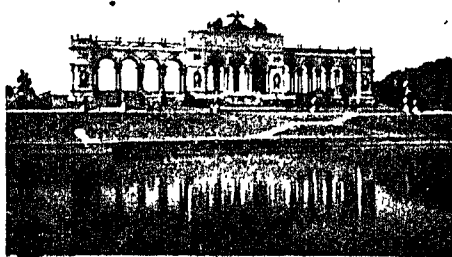
The doorway and arch and figures thereabout are Roman, built by them in Rome and moved to Vienna.

The pulpit was built by X-Pilgrim, taking five years to do it. It is of three sections, all carved out of three separate sandstones. The delicate deep carvings of figures in each section is beyond one's imagination, and one is required to see for oneself the delicacy of the work done on this famous pulpit. The figures in and about the pulpit are life size and so very real.

On the bannister leading to the pulpit are the figures of many frogs, each one facing its opposite. (the frog was a symbol of evil and vileness, hate, jealousy, and each frog is watching the other—just like some humans!) At places, two are eating a third, and so



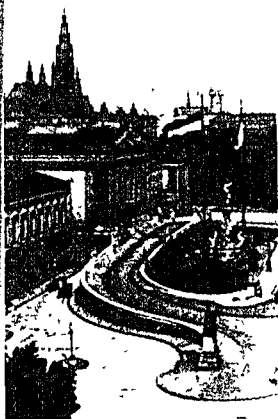
THE SUMMER PALACE OF THE
EMPEROR OF AUSTRIA
IN SCHÖNBRUNN PARK
VIENNA



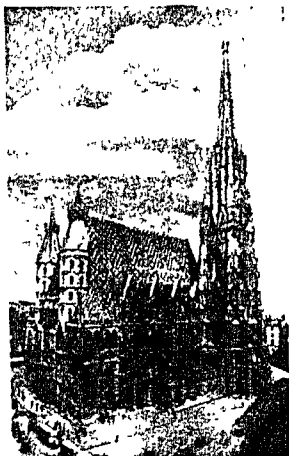
VIENNA .. SCHÖNBRUNN PARK



ALONG VIENNA STREET -
WHERE BEAUTY AND MUSIC MEET



PARLIAMENT BUILDINGS
VIENNA
"VIENNA THE BEAUTIFUL" 2



ST. STEPHEN'S CHURCH



ALONG VIENNA STREETS



NEAR OBERAMMERGAU
IN BAVARIAN ALPS
"FROM VIENNA TO ROME"



THE ALTAR OF ST. STEPHEN'S



IN ANY KELLER
"VIENNA THE BEAUTIFUL"



THE ALPINE WAY

on. At the top of the bannister are several figures of dogs (representing goodness, and are on the watch against the evil below—to prevent the frogs from coming up.)

There is a painting of real gold made in 1100 hanging from the main pillar.

The windows are of Roman and Gothic type. The Royal boxes are elevated in the mid-pillars, of which there are six on either side of this large church. One of the original pillars is present. The Roman portion of the church has figures placed in it by the ancients in 900 A.D. The blackened stone of the great fire, about 1200, is still evident.

There are two pipe-organs, the larger of the two has 600 pipes. There is a side room where Austrian kings have been married, and opposite this room the public may be married.

Deep in the catacombe lie the Kings and noble persons of the once great Empire. The air here is foul and there are some sections in which people are not allowed. During the Black plague there were 40,000 deaths and many were buried here.

So much for the inside of this historic church. Now coming to the outside one realizes the architecture is almost as massive. There are figures of the life of Christ carved in a wonderful way from sandstone. Martin Luther's appeal to the people is depicted here, also the Ascent of the Mount of Olives by Christ, and His Disciples asleep.

At one time, 1100 - 1500 A.D. there was a churchyard about. This has been removed, but many of the grave stones are built into the wall of the church. Some dates noted are 1173, 1204, etc.

An iron spool on an iron rod is built into the side of the church. In ancient times if a person did a wrong deed against his country and got there and touched the "spool" before the police got him, he was freed, or at least got freedom from the church, and could not be afterwards arrested.

There is a sun-dial, measuring rods (a large one and a small one) for measuring bread, as standards of honest length.

On the outside of the church there is a pulpit, from which the minister spoke to the crowd outside, standing in the nearby square.

In front and below the clocks on either side of the original entrance are two high (35 feet) pillars or columns—one represents the human sex organ, while on the top of the other is the female counterpart. Both are easily recognized when "pointed out". This form of architecture symbolizes the fact that there was great ill feeling between the ancient Roman architects and the then German Emperor, and so the German Emperor had these organs placed here to show that the Austro-German nation was thus produced rapidly and would soon overpower the Romans.

Originally in the place where the modern clock is now, was a sun-dial. At present opposite the clock (on the side of the front of

the church) is a second timepiece, which indicates only the hour and every two minutes. It is also run by electricity.

The main spire has a narrow stairway leading to the top. This can be seen from the outside. The steeple is 127 meters high and covered with designs. The bell within the spire has been built from melted cannons of ancient wars, 1400-1500. Due to its weight it is not "swung" but on a previous date (1917) it took 12 men to toll the tongue of this great bell.

Across the street from the church there is a portion of a large tree absolutely filled with nails (driven in). It was a custom of the old Germans who once ruled Austria that before anyone travelled away, if he drove a nail into the tree, fortune would be his. There are thousands who apparently believed in this.

This Sunday afternoon was a most interesting one for the writer of this trip to St. Stephen's Church of Vienna, and one of the most fascinating trips made during my six months sojourn in Vienna. I leave Vienna with a great satisfaction, yet with a longing to return some day to enjoy the customs of this country deep in the heart of Europe.

PROFESSOR ERDHEIM OF VIENNA

(A Travelogue)

At 8:00 a.m. (10-3-30) I attended autopsies at the Krankenhaus of Wien (Vienna) where Professor Erdheim, the Pathologist, works. He is a man of 60 years, very unbecoming and has a stature which "fits the autopsy table". He is a wizard in every sense of the word, a keen observer, very exact and a pioneer in Pathology.

Nothing seems to escape his little pig grey eyes as they pierce the lenses in front of them.

During the morning Professor Erdheim did ten complete autopsies himself, from start to finish, and followed each by an exacting report as to the findings dictated to his assistants at hand. Everything he did showed his keen sense of observation.

Professor Erdheim has done over 66,000 autopsies during his time of service.

The Krankenhaus has some 6,000 beds including the Home for the Feeble.

Professor Erdheim works 18 hours per day, and is an enthusiastic in a heart case as in toxic absorption of extravasated urine from a ruptured bladder.

He lectured in the afternoon upon diverticulitis and its pathology.

CHAPTER IV.

BOX SEVENTEEN OF ALBERT HALL (LONDON)

(*A Travelogue*)

While sitting in my room in Bloomsbury district of London, the postman handed me a letter from Lady Francis Ryder and also one from Lady Kirkpatrick.

I opened these well arranged letters and found that my presence was requested at a formal concert in Albert Hall on Sunday, 9-2-30, at 3:00 o'clock. This was to be followed by a party at Lady Ryder's flat, Lady Kirkpatrick being hostess from 5:00 - 7:00 o'clock.

Here, I was a "*colonial*", unknown to the Lords and Ladies, yet so kind an invitation could not be overlooked, so I got my landlady to let me use her flatiron, and got busy on the only decent suit I had. When this was ironed I placed it neatly away for the day following, when I was going to have a change from routine study and grind, and talk to the higher strata of English society.

Following perfect instructions as noted in the invitation, I arrived at Albert Hall and handed over the letters which brought quick response from the usher. In short order I was at my directed location, "Box 17". Here I had the pleasure of meeting said Lady Kirkpatrick, and Lady Ryder, and the latter's daughter,—well!! I sure wished I had a new tie and had my hair cut shorter! In the best manner I had learned at meeting, I then took my seat. Several others to whom I was introduced joined us in "Box 17."

It was soon learned that the box we were occupying was that of the Prince of Wales. As he was travelling in Africa at this time, Lady Ryder had first choice, so here we were sitting real pretty, while just six boxes away sat His Majesty, King George V. and Her Majesty, Queen Mary, with their personnel-in-waiting; each box having the Royal crest and Coat of Arms, and being situated on the first balcony.

Following the fine musicale we travelled in cars to Lady Ryder's home, and had a grand tea and conversation which lasted until around 7:00 o'clock. In due time the guests commenced to leave and I took up the cue, and departed with a glow in my heart that the English are true friends of the "*colonials*". This afternoon will long be remembered by one of many students who come to London for a higher education.

GUY'S HOSPITAL MUSEUM (LONDON)

(A Travelogue)

Guy's Hospital is noted for the many famous men who have worked or are working there at present. Having spent the morning in the operating room of this ancient and noble place I chose to spend the afternoon in its museum.

The museum is made up of four large rooms with three galleries running around the walls; each gallery is narrow but the specimens at these levels are well visualized as one walks along the gallery.

Every specimen of pathology and anatomy would appear to be here and in its proper indexed place, so very neatly mounted, and illustrative of the lesion to be noted. All the various infections of the skin, and skin lesions have their place here. After three hours of looking and "absorbing" I was loathe to leave.

Of the hundreds of specimens observed, the following are only a few of the rarer lesions found in this great museum of Guy's Hospital in London:

A steel catheter in the bladder
Carcinoma of the penis
Acute suppurative pericarditis
Aneurysm of the heart
Carcinoma of the heart
Sarcoma of the heart
Melanotic sarcoma of spleen
Spleen invaded by carcinoma
Hydronephrosis from prolapsed uterus
Hydatid of urinary bladder
Obstructed bowel from faecalith
Intussusception
Cirrhosis of liver with Banti disease
Hernia via obturator canal
A huge endochondroma of face
Tenac favus

Osteosarcoma of the heart
Lacerations of liver
Abscessed liver from scarlatina
Large biliary calculus in the rectum
Suppurative hydatid cyst of the spleen
Neuroblastoma of the suprarenal
Perforated bladder from pelvic abscess
Corrosive poisoning of stomach
Cancer of Ampulla of Vater
Dermoid cyst of rectum
Large pancreatic cyst
Hydatidiform mole (uterus)
A very large intestine in hernial sac

The list could go on and on, but the above gives some little idea of the vastness of knowledge stored in this treasure house of Guy's Hospital, London.

KING GEORGE V. AND A LONDON FOG

(A Travelogue)

It was on January 21st, 1930, when His Majesty, King George V. opened the great Naval Conference in London. In order that I could see the King for the first time I was determined to get a good vantage point at which to gaze on this auspicious personage. The conference was to be held in the House of Lords (Parliament Buildings) at 11:00 o'clock on the above date, so I planned to skip lectures and see for myself the events of the day.

At 9:30 a.m. I made my way to Buckingham Palace along with hundreds of others and waited. As we waited there appeared over that part of the city a pea-soup fog much as the tidal bore as it enters the Petitcodiac river at the north end of the Bay of Fundy, covering everything in its wake. It was not long before the spectators could not even see each other, and a most mysterious feeling came over one, for I could "hear voices", and the tooting of taxi horns, and yet was not able to see things or persons.

As the fog increased in its intensity, my eyes burned and watered from the amount of soot and gases in the fog. It was very soon realized that I could not see even the King if one remained at this once vantage ground.

The mass of people (and I) moved down the Mall, more by sound and hand guidance, where the fog had not enveloped the area so thickly. The London bobbies directed the taxi drivers as to where the curb was, so that movement of traffic was possible. Mind you, one could not see the curb until they were a foot or two away, and strange forms appeared and disappeared in front of me as I passed along. Voices and direction orders were heard, yet the source could not be visualized. Mere flashlights were like fireflies on the prairies.

Following the fog-instinct of the Londoner I made my way down near Big Ben where the fog had not reached such density, and took up my place with the ever-increasing numbers close to the curb.

Punctuality of Royalty was well sustained. The King left Buckingham Palace a little earlier in order to pass through the fog in time to reach Parliament on the minute. I looked at my schedule time of route travel and at exactly 10:56 a.m. His Majesty passed by in his coach-car looking extremely well, a peaches and cream complexion which was so clear, even noticeable, through the light mist at this vantage point. It was a thrill of a life-time to see that coach and the King, and the very orderly arrangement of the entourage. All along the route cheers were loud and true. In the denser fog loud voices could be heard to say as His Majesty passed along "His Majesty passes", and up would go a cheer, yet no one was able to see him at that point, so dense was the fog! The loud speakers served a good purpose. It would appear that the Londoner is always ready for any eventuality and takes things as they come without much ado. Even in this fog-bound area everything was in order.

When the King entered the Parliament Buildings (The Mother of Parliaments) the loud speakers blazed forth and as the speech was broadcast to the world, millions heard his voice.

The crowd waited but before His Majesty left for Buckingham Palace, the ever-thickening fog had enveloped this area, and all one could hear were voices, directing traffic, questions being asked, and yet nothing to see, a very strange experience. "His Majesty passes"

and a sound of a slow moving motor car could be heard with two bobbies guiding the very wheels of the car close to the curb.

Following this experience I realized I could not go in my right direction until the fog lifted, so I, with many others, not accustomed to London fog, sat on steps or seat until some view could be obtained. A light wind came up and I was able to make my way back to Bloomsbury district where I had my "diggings".

At four o'clock I took a bus to 117 Harley Street to visit and have tea with Sir Lenthal Cheatle, whom I had met previously through Mr. Carson. Sir Lenthal was very kind and I enjoyed the good lunch, for I had been living on the least food possible in order to conserve the contents of my pocket-book. Sir Lenthal gave me an autographed book he had written on "Cancer of the Breast." At five o'clock we drove in his Rolls-Royce—pretty nice—to Middlesex Hospital where he carried out a radical amputation of the breast, using for the first time the electric cautery knife.

Following the operation I thanked Sir Lenthal and departed to my Bloomsbury "diggings." This day was a great experience for a Canuck in London.

ONE DAY IN LONDON

(A Travelogue)

9-2-1930.

On this day I went and saw the changing of the guards at Buckingham Palace, a very spectacular event. This changing takes place at 10:30 every morning down through the years.

In the afternoon Dr. Walter Little of Toronto and I attended a musicale by the London Symphony Orchestra in Albert Hall, through the kind invitation from Lady Francis Ryder. Lady Kirkpatrick was hostess. We had the occasion to occupy box number 17 which has the crest of the Prince of Wales on its front. As His Highness was hunting in Africa at the time, Lady Ryder had permission to use this box. Little did I think my "seat" would ever be so close to a royal "seat."

After the musical event we went to Lady Kirkpatrick's home for late afternoon tea. She has a lovely daughter, at least lovely looking. I suppose some Lord has his eye on her, and I quite naturally kept this thought in mind while conversing with her.

After the tea, we (not the daughter, but Dr. Little and I) came to our rooming house in Bloomsbury district, and I packed my truck to leave here, No. 20 Gordon Street, W.C. 1, while I am in Vienna taking a surgical course. I will pick it up on my way back en route to Edinburgh.

CHAPTER V.

EN ROUTE FROM VIENNA TO ROME

(A Travelogue)

Upon my return from this long day with Professor Erdheim I found that I had lost 200 francs from my pants pocket while at the pressers.

At 6:30 I had tea with Dr. and Mrs. Breison in their apartment, and to whom I had loaned 500 francs some weeks previous to carry them over until they got some money from Los Angeles. Mrs. Breison put rum in the tea which was very pleasant indeed.

Following a lovely tea and conversation I left for the train to Rome via Innsbruck. Thinking I had quite some time I did not hurry but on arriving at the station the conductor (guard) was giving the last signal, so I seized my grip and got aboard in a compartment already crowded. They were all pleasant Viennese people so we had a lovely time on our way to Innsbruck.

Arrived at Innsbruck at 7:00 a.m. Many skiers about—what a wonderful life it must be. I remained in Innsbruck until 1:30 p.m. for the train from Berlin.

Innsbruck is a small town in the Tyrol country of the Alps range, consisting of simple people (Austrian) waiting for a "new dawning," for the war (1914-18) played havoc with these wonderful people.

At about 3:00 a.m. the Frontier was passed and the usual custom inspection was carried out at Brenner Pass. This point was famous in many Italian wars.

Few evidences remain of the 1914-18 struggle. Here and there are bridges still destroyed, while here and there one sees a shattered stronghold.

The scenery in Northern Italy is beautiful. One suddenly drops out of winter into spring by travelling from the Alps into Italy.

Through the valley to Verona are miles upon miles of vineyards extending beyond the eye. The long sloping mountains are frequently terraced in order for cultivation—many added acres are thus made use of.

Castles and cloisters are frequently seen at the top of many small mountains, with here and there a church with a high steeple. Along the roadside one observes many a crucifix closed in by a wooden shelter, also pictures of the Virgin Mary and The Child.

This part of Italy, which by the way originally belonged to Austria, is progressive looking. Fine roads are being built and well kept roads are in evidence. The trains are electrically driven throughout Austria and Italy.

The Alps are soon left behind as one nears Verona, a large city in the "hip" of Italy in line with Venice and Monte Carlo.

At Bologna I changed trains and waited for five hours for the train to Rome. The country south is level and the climate warm. Being in a third class, semi-open air coach with peasant Italians I found it really hot, and with a pig in a bag across the aisle from me I could not sleep on the wooden uncomfortable seats.

It is very noticeable that when the train stops, all those passengers previously speaking stop immediately, and sit and wait for the noise of the train to dampen their words. Since Benito-Mussolini is in power much intrigue goes on.

As Rome was neared the ancient customs appeared along the way, farming was most primitive and filth abounding.

From the 14—19-3-30 I spent in Rome, Florence, Venice and Verona, mostly sight-seeing.

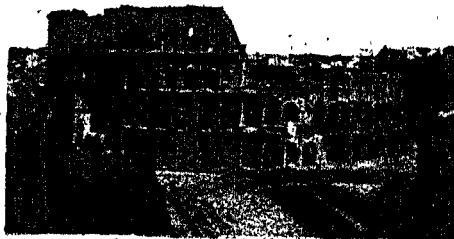
In Rome (see later account also) which was founded in 146 B.C. many sights are to be seen and one's mind slowly passes back through the centuries,—Roman history, St. Peter's, Vatican, Museums, monuments, The Seven Hills, Pallisades, Coliseum, churches, good meals, a pretty city yet poor utilities, palm trees, etchings, Rudeness of the Romans (Italians now,) Janiculum Hill, soldiers, priests, the Royal Palace, Hercules, Mediterranean Sea, The Forum, and hundreds of other interesting spots are to be found in this ancient city.

On my way back to Venice instead of riding 3rd class I tried my inability to speak Italian, and rode 1st class, but had to pay the extra after much interpretation in two languages. Being short of cash I sure tried to stave off paying that extra difference in the two fares. I sure felt like a culprit in a very foreign land.

In Venice I stayed a day and a night. In going to bed between sheets one finds them damp, really damp, from the dense moisture arising from the Adriatic Sea, and the streets of Venice, the majority being of water. Venice is really a beautiful city with its narrow and wide water streets, the gondolas,—not really so romantic as they seem in pictures. Numerous jewelry stores for tourist trade abound throughout the city.

Quite naturally I took myself out to the Lido via the Grand Canal. Here the Venetians do their swimming. At the football game in the afternoon one found the Venetians a very emotional type—it was a game between an English and an Italian team.

Famous sites as the Doge's Palace, Saint Marcus Church, The Bridge of Sighs; the mosaic art and ancient Italian architecture are here in profusion. The pigeons in the square, Treasury, auto boats,



TO SEE IS TO MARVEL AT THE ANCIENT ROMANS



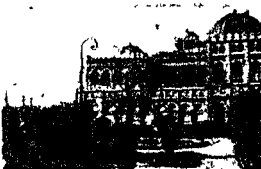
THE APPIAN WAY IN ROME



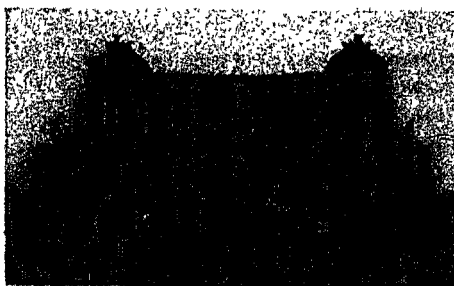
THE GRAND CANAL VENICE
"POSA GONDOLA"



THE LIDO -- LUXURY BEACH
"FROM VIENNA TO ROME"



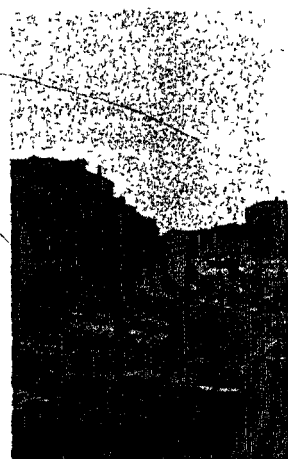
AT THE LIDO A HOTEL



ROME - RICHES VS POVERTY



Venice - 19 - Lido - Grande Stabilimento Balnei - Corazzini
LIDO VENICE



GRAND CANAL - UNLIKE THE RIVER -
NO CARS NO HORSES NO NOISE
VENICE: ANCIENT AND DAMP



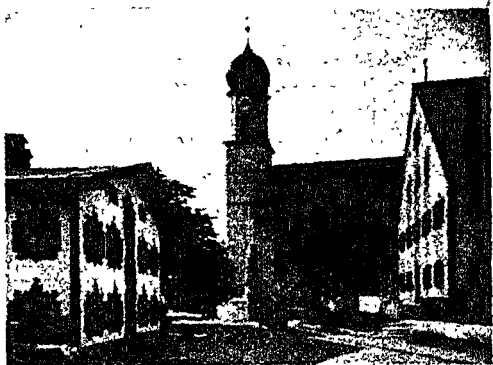
SKI-LIFT NEAR BERCHTESGADEN, BAVARIA,
(HITLER'S RETREAT)



INNBRUCK ALPS



ST ANTON ALPS



Church in Oberammergau

THE "PASSION PLAY" TOWN
1634-1950 - ?

"FROM VIENNA TO ROME"

St. Mary's Church and many other features make Venice a place of great interest.

And so on to Florence, the city of art, and back up through Italy to Innsbruck where I changed trains for Paris.

Having to wait six hours in Innsbruck I bought my supper and went down by a little brook and ate it. The "supper" consisted of three oranges, $\frac{1}{2}$ pound of peanuts and four buns. Having had to pay extra for that nice train ride out of Rome, I had to make up for my losses some way. And so on to Paris, at 2:00 a.m.

ROME

(A Travelogue)

INTRODUCTION

In the spring of 1930 I had the pleasure of making a trip to Italy and after stopping overnight in Venice and seeing this famous city built on rocks and water, went on to Rome. This is a summary of one's impressions of this ancient city and its surrounding country.

EN ROUTE TO ROME

The population of Italy is 36 millions. The boundaries—The Alps, the Adriatic and Mediterranean Seas, and its Appenines with Sicily at its toe—are all well known.

The olive trees, the vineyards, the orange groves, fish, wheat and corn, the sheep and the goats, the oysters and sardines, the poverty and the riches all go to make what Italy is today.

The cities of Genoa, Venice, Florence, Verona, Rome, Naples and many small towns reach from the north to the south of Italy.

The control by the Roman church and hence the poverty and poor education of the people is everywhere apparent. The large families, the wearing of shawls, the passion and love for the children, the uniforms, and the clerical robes are to be seen at every turn. The farm oxen and the ancient method of progress all go to make a once great nation a poverty-struggling mass of human beings. There is no place on earth where poverty and riches are in greater contrast.

ROME

The city of Rome stretches along the river Tiber, having a population of 700,000. It was founded by Romulus in 753 B.C. There are seven hills surrounding it, and from any one of these a beautiful panorama can be obtained; especially at night can one see the color arising from the city. Rome is a visible summary of human history. The Campagna grounds of ancient times can be still seen. The aqueducts are there, the roads, the monuments and ancient structures, —all for one to gaze upon and recall the most ancient of history.

The climate in winter is 60 degrees and in summer 70 degrees to 80 degrees.

All nations and all creeds jostle each other on its streets.

Rome is a storehouse for all that was beautiful in times gone past. Every house or building has an ancient site to see. The paintings and works have never been surpassed; these are kept in well-arranged museums.

Although Rome is 14 miles from the mouth of the Tiber there is easy conveyance to this dirty stream, as it pours its savoured waters into the Mediterranean.

The hills about Rome are from 80 to 120 feet high and are named Palatine, Capitoline, Aventine, Caelian and Esquiline.

The Roman Forum is the public area of the city. The Temple of Vesta founded by K. Agrippa in 27 B.C. is close by the Forum.

The Baths, as Caracalla and Diocletian, were occupied by 4,000 bathers in Nero's time. It is recorded that many Romans were in the Baths when Nero did his fiddling and it was only the heat that drove them out!!

The Theatres of (1) Pompeii, seating 40,000 may still be seen near S. Andrea della Valle.

(2) Marcellus founded by Julius Caesar in 11 B.C.

The Coliseum (Flavian Amphitheatre): This massive stone structure was built for gladiatorial exhibitions and many a Christian competed with hungry and enraged lions to the pleasure of the Roman crowds.

The theatre portion of the Coliseum was commenced by Vespasian in 80 A.D. and finished by Domitian. It is 613 feet wide and 100 feet high covering five acres.

The Circus Maximus is situated between Palatine and the Aventine hills and was built by Julius Caesar. It held 250,000 spectators. It was here that the famous chariot races were held.

The Roman Circus is along the Appian Way. It was built in 311 A.D. It is 350 yards by 86 yards in size.

S. Angelo—A most magnificent Roman tomb. 250 feet in diameter and 165 feet high with the statue of the Emperor erected on the top.

To travel the streets of Rome one early realizes the strife, the sanguinary instincts and the hatred that is present among the Italian people. The seeds of vice and crime, the restlessness, the anger and selfishness are rampant. Haggling between porters, drivers, cabmen and clerks is very readily observed. One gets the impression that the Italian in Italy grumbles at everything. He is a nervous, high-strung passionate individual, domineering and having little respect for his womenfolk.

In most houses there is the family crest handed down from one generation to another. Not to be baptized or confirmed by the Church is not nature to the Italian. The church has a grip on his

very soul and he is not allowed to think for himself, hence the poverty and poor education of the majority of Italian labour class.

Appian Way: "Queen of the Roads", built by Appius Claudius the Blind, during the Sameti wars, 313 B.C. It passes from Rome to Capua, 200 miles, carried over the Pontine Marshes on an embankment and then to Brindisi on the Adriatic (Rome to Greece), "Far Brindisi." It is made of square slabs of hard lava exactly fitted together. The road is 26 feet wide with curb and seats here and there along the route. Milestones, statues of Diana, Apollo, etc. make this 200 mile stretch of immense engineering a most beautiful road to travel, even to this day.

The Vatican: First built in 498 A.D. by St. Symmachus in the hollow near Monte Mario. Seneca wrote that Nero used to look out from this garden on the hill and see Christians tarred and used as human torches to light the way for his nocturnal parades! The Vatican is 1151 feet long and 767 feet wide. It has 8 wide staircases, 20 courts and 11,000 rooms or chambers. The entrance is at the Colonnades, which is guarded by Swiss soldiers holding long Roman blade knives. They make an impressive sight indeed.

St. Peters: "A mountain of art and treasure", bounded by the Colonnades of Bernini. It is the goal of pilgrims for centuries. It was built by St. Anacletus in 90 A.D. and restored in 1450. Michael Angelo and Bernini did most of the paintings. It is built of the richest of marble and precious stones. Bronze and granite, silver and gold.—What a contrast to the rest of Rome!!

The Catacombs are filled with the horrors of old Rome. Twenty miles of Catacombs, 66 miles in circumference, where Christians were destroyed. These terrible undergrounds of vice, stealth, murder are dark and terrible. It is no wonder that Rome (Italy) has remained a third-rate nation since those days.

The Vatican Museum is really the past collected world. The originals of this world would appear to be there. Its beautiful arrangement, its official records, the documents, armour, statues, paintings, books, costumes, all are there. It would take weeks to see it all in the proper light, so great is the collection of the ancient world, and stored so neatly in this Vatican Museum.

The Pantheon, built 729 B.C. by Agrippa. Here the temple, the Baths, the fortress, and last but not least Cleopatra, the girl who so influenced the world by her over-emphasis on being a woman!! She well said that Anthony was an easy Mark!

These and a thousand other features make Rome well worth visiting, in order to delve into ancient history if for nothing more.

So let us leave this city buried in ancient history, and travel on and on in order to see this world before the next.



ST PAUL



H.M. THE KING

HIS MAJESTY KING GEORGE VI
"KING GEORGE HAS A LONDON FOR"



THE UNKNOWN
SOLDIER'S GRAVE



CORONATION CHAIR



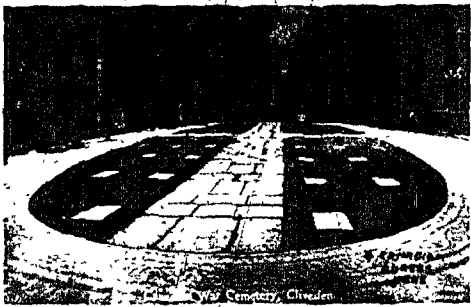
THE DRAFF, EPSOM DOWNS
ROYALTY AT 11 TAKEN BY ME 1937



ST PAUL
"ONE DAY IN LONDON"



HYDE PARK CORNER
"HYDE PARK"



CANADIAN WAR CEMETERY AT CLIVEDEN (LORD & LADY ASTOR)



THE SCOTSMEN'S "LAWN-MOWERS"
ROYAL INFIRMARY EDINBURGH



EDINBURGH CASTLE



THE SHELL FOUNTAIN
AT CLIVEDEN, (ASTOR)



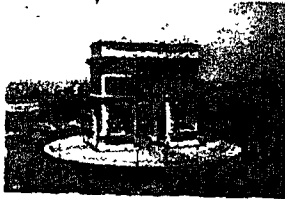
ENTRANCE TO UNDER-
GROUND HOSPITAL IN
STOCKHOLM, BENEATH
KAROLINSKA PARK



AT 5 PM STOCKHOLM
BICYCLES! BICYCLES!!
"A MAGICAL TRIP OF SWEDEN"



WE ARE IN PARIS OF COURSE
"THE FIRST TIME I SAW PARIS"



BEAUTIFUL PARIS



HIGH ABOVE THE ATLANTIC
AND THE CLOUDS

THE FIRST TIME I SAW PARIS

(A Travelogue)

I left on the 9:00 o'clock train at Waterloo Station, London, and took the Southern Railroad for Folkestone and thence to Paris via Boulogne.

The trip was enjoyable and an interesting one. The Channel boat was the one which first sighted the German Navy which led to the Battle of Jutland, and by which England continued to rule the seas.

Boulogne reminded one of old Quebec City in many respects; it is crumbled and worn, a very small harbour, and the dogs have washed the corner stones away!

The trains in France are much larger than those in England but have equal speed. The distance between Boulogne and Paris is 180 miles. The stretch of land is comparatively level, not unlike the Canadian prairies; there are a few rolling hills as one nears Paris.

Paris was reached at 5:30 p.m. thus eight and one-half hours from London. A room was obtained at the Regina Hotel at 40 francs per day, near the Gare Nord. I do not even remember sleeping as soundly after retiring in a most comfortable bed.

The next morning one visited the chief places of interest; the Eternal fire under the Triumphant Arch—all males doff their hats in passing this grave of the Unknown Soldier of the 1914-18 War. The Eiffel Tower is as imposing as it appears in the pictures of this giant steel structure, which was built in the centre of the World Fair grounds in Paris many years ago. Elevators take one to restaurants near the top, from which a grand view of the city is obtained.

After meeting Dr. Alan Whipple of New York we proceeded to the hospitals in the afternoon. In the night we saw some Paris night life and what a life they live in the dives. We also took in the show at the Folies Bergere, and quite curiously went below to the Intermission Show—this is really a perversion sex show for the Paris "trade", I expect.

The next morning one visited about the stores, these were very decorative and most attractive. La Lafdete store is perhaps the nicest, also the "Galleries" store near the Opera de Paris.

In the afternoon I met the house surgeon of the St. Louis hospital and was shown around this 500, year old hospital—it surely looks it! There are over 1,200 beds, including all branches of medicine. The St. Louis Hospital is noted for its dermatological department, and has a museum with 15,000 specimens of skin lesion, being the greatest museum of its kind in the world.

The morals of the Parisians are well illustrated here. The houseman did, while I was with him, a vaginal on an abortive case in the O.P.D. in full view of all the other out patients in the same room—no, no curtains!

The houseman told me there are over 20 abortions admitted to this hospital every day; one can easily believe it when visiting the numerous overcrowded wards. It would appear that 80% are either abortions or salpingitis cases.

Men orderlies pass out the bed pans to the women! It is nothing to see women, old and young, completely nude, in the wards. "Jerries" are handed out freely.

The beds are one-two feet apart and liquor is on practically every bedside table.

The nurses are older in appearance and wear huge gowns and hats.

There is a large bath-house where all patients, who are able, get a scrubbing in sulphur water before admission to the wards.

The wards hold from 80 to 100 patients. There are two 200 bed wards. One may look from the women's ward into the men's ward, without falling out of bed to do it!

The St. Louis hospital has modern operating rooms—as modern as France. The new wings are a great improvement over the old ones.

Among the cases in the hospital seen on this trip were tetanus, leprosy, cancer of the penis, many many skin diseases and all forms of the syphilides.

Deaths from all causes run around ten per day. The autopsy rooms are busy most of the day and these are huge places where much good work is seen.

The Maternity wards are naturally busy, running 15 to 20 cases each day (in the 24 hours). The V.D. Clinic runs off around 500 cases per day.

There are only about 10 public hospitals in Paris. The Biset Hospital has 300 beds. The American Hospital is on the outskirts of the City it is an up-to-date place.

Venereal disease is extremely common in Paris. It would appear that there are three classes of people in Paris in this respect—first those who have had it, second, those who have it now, and third, those who are going to get it. Sexual relationship is so common and is not frowned upon as it is in the Americas.

One found the life of the Interne in Paris to be very immoral; girls are allowed to remain overnight whenever the urge is present. The Internes' quarters are separate from the hospital and are called the "Guardhouse".

Some of the crudest pictures one has ever seen adorn the walls and ceilings of this St. Louis guardhouse—they are beyond one's imagination! Really, and to think where one finds them.

"Med-Night" in Paris is a nude night,—for many. During this annual June celebration of the Medical School, a big parade is staged with half-naked girls in large numbers, and following the parade the big show and dance starts in the main buildings. It is a gala night for all medical students.

In due respect to France one knows well that the above true description does not include all the Parisians, for there is a class equal to the English or Americans, and who live in moderation.

Monsieur (Dr.) Lotfallee, H. surgeon to D. Codenat showed me the above sights and told me the life, as so meagerly described above. This is authentic throughout.

In bringing this story of my first trip to lovely Paris, one must bear in mind the beautiful places of Paris, the monuments; the churches, the parks and markets, the Seine river, the wide shady streets, the University of Paris, and Montmartre. The history of Paris and the grand people in the upper strata of life make Paris one of the lovely cities to visit, and study. It is rich in history, knowledge and Art.

For those who desire a trip to the hospitals of Paris, the following address will be a great aid in getting in touch with the best men:

L'assistance Publique

3 Ave. Victoria a Paris.

After seven days in Paris, arrangements were made to take a surgical course in Vienna, and so on to this wonderful city of Music and Medicine in the Austrian Alps.

CHAPTER VI.

SHAMROCK V. EXPEDITION

PORTSMOUTH, England NEW LONDON, U.S.A.

Via THE AZORES SOUTH ATLANTIC

Steam yacht "ERIN" accompanying the racing yacht
"SHAMROCK V." challenger for the "OLD MUG"—

The AMERICA CUP

SIR THOMAS J. LIPTON'S LIFE AMBITION

JULY 19th, 1930 AUGUST 13th, 1930

TWENTY-SIX DAYS CROSSING

4280 miles

CREW OF 67 . . OFFICIALS 4

SHIP SURGEON: W. C. WHITESIDE, M.D., VICTORIA, B.C.

Being a private diary or log of the trip from its inception
until its completion.

by

W. CARLETON WHITESIDE, M.D.

THE SHAMROCK V. EXPEDITION TO AMERICA

(A *Travelogue*)

July 17th, 1930:

Visited Sir Thomas Lipton at Osdidge, his home in Middlesex, London, England. A beautiful home for a bachelor of his years, 81.

Had dinner with Sir Thomas followed by a visit to his gardens and "Trophy Room". Sir Thomas was very cordial and showed me his innumerable trophies gained by the love of sport in the yachting world.

Sir Thomas told me several experiences he had when starting his career in the tea business in America, and particularly his trip to Montreal, when he hired a special train from New York having only three dollars in his pocket and a return ticket to jolly old England. He was not allowed off the platform in the former city,

but had to return without seeing the place—he never went to Montreal again. One believes Canada lost a great business due to this act of the Canadian Pacific Railways.

Made arrangements to act as medical man to his expedition to America on board his private steam yacht "Erin", accompanying his racing yacht, the "Shamrock V."

JULY 18th.

Collected my worldly goods which I brought down from Edinburgh and made haste to the Waterloo station whereupon I found that the train for Portsmouth had just departed, and all one could see was the green flags "a flappin'" in the distance. As there was another train in an hour one did not subject oneself to worry, as one might on such an occasion as this; this being the first train one has ever missed, but then, one will miss more than trains in this world of travel.

Arrived at Portsmouth in due time and met three men from the "Erin" waiting for me at the wharf. We bundled into the motor boat and reached the "Erin" which was anchored in the harbour.

Had dinner with the officials of the expedition, including the following: Mr. Nicholson (designer), Mr. Westwood (Sir's secretary), Col. Neill (Sir T. representative), Sir Thomas Lipton, Mr. Ross, Mr. Barbour (Rep. Royal Ulster Yacht Club). This latter club is the one Sir Thomas always challenged through for the races.

In the later afternoon visited the VICTORY ship of Lord Nelson.

JULY 19th.

As the day previous was Friday, the sailors of the two boats cared not to start the long trip across the Atlantic on such a day as this, so the departure was made for today at eleven in the morning; following the inspection of the Shamrock crew of 23 as to their health, the boats drew up anchor.

Thousands lined the docks, boats, ferries and coastline in and about Gosport and Portsmouth; news agents and movie men from all parts of the British Isles were there to record all things possible. I wished to conceal my travel westward from my friends and relatives in the West, but the papers got my name, and more people than the crew knew I was present for the voyage; having been selected out of ten other medicos I felt very fortunate indeed.

Great was the sendoff; the Shamrock was towed into the English Channel. The waters were very rough at the opening of the harbour as well as in the Channel. We passed down between the Isle of Wight and the mainland. Travel was slow during the afternoon due to headwinds prevailing, so anchor was dropped from both boats off Ryde and we lay overnight at this anchorage.

JULY 29th.

Started on at 4:30 in the morning (one was asleep at this hour of course).

The elements were rough and slow progress was made; some towing and some sailing alone caused the Shamrock to move down the Channel. Anchorage was made off an English town for the night. Went ashore and looked about, then returned to the Erin.

Meals:—Yes, and plenty of them.

Cabin:—The best I have ever had.

Service:—The Prince of Wales' style.

The Shamrock is manned by a crew of 25 men; the Erin is manned by 45 men together with the officials.

JULY 21st.

Set out on our way down the Channel once again; the jolly green Shamrock went under her own sail. Very high seas, and both boats rocked and tossed all the day long.

Reversed peristalsis of my stomach caused me to lose two perfectly good meals today, a horrible sensation I must say. One felt as though one was coaxing all the poor fish from the fishing grounds of Old England, and what would the fishermen do "if winter comes". However one hopes that they (the fish) find their way back again after this day of vile peristalsis.

The sight of the Shamrock reminded one of a flying-fish "On the Road to Mandalay".

JULY 22nd.

Bright sunny morning. The Shamrock is gliding along ahead of us at top speed, a most wonderful sight.

Signals with flags are given to the Shamrock as to the latitude and the longitude for comparison.

Waves wash the deck of the Shamrock most of the day, an interesting study of how sailors can hold on on a small boat at sea. At times only the sails are seen, while at other times the keel is seen distinctly.

Passing Lands End (England's last point). We are now getting the taste of the treacherous Atlantic ocean.

Heading towards the Bay of Biscay and northern Spain.

Slow but interesting progress being made. Ships passing recognize us and whistles are soon heard.

JULY 23rd.

Daily progress being made; it is a beautiful day but beastly rough on the wave.

Wireless reports give us the chief events occurring in the world outside.

Time is spent on the deck; reading, walking or sleeping; needless to say eating takes up considerable time, as we have six feeds per day.

One is getting a coat of tan that a Ceylonese (there is one on board) would be jealous of, yet the face burns with this sudden change from post-graduate study to the open roads of the sea.

Fewer vessels are seen today.

The night now is clear and the warm breezes blow from the hot sands of Africa.

JULY 24th.

Great was the storm that arose during the early morning. One was tossed from one's bed. Rain fell and the floods came, pouring down. Mist blinded the men on deck, and at 12:30, the Shamrock was last seen by the Captain. There was no sign of her when the dawn appeared. All was quiet, the storm had ceased, and a calm sea was all that was left.

All day our eyes pierced the distant horizon in search of a sail but none presented itself. Anxiety naturally was felt among those on the Erin yet no fear for the Shamrock's loss, as she was built and manned for the roughest weather of the Atlantic. Night came upon us and greater watch was made for lights, for these would be on the top of the mast and therefore seen at a greater distance than a boat in the daytime. A nasty mistake showed itself in this loss, for the Shamrock did not carry any rockets.

A foreign steamer passed in the distance. The Erin went south towards Africa and north in a zig-zag course in an attempt to cross the Shamrock's course, but without avail.

JULY 25th.

The day was spent in searching for the lost Shamrock and her crew of 23, but no sign or tale of the crew could be found. Some 1,200 miles have been used up in her search so far and the coal is being thought of by the engineers below.

No reports, except to Sir Thomas, as to the plight we were in, as a great anxiety would be experienced in the world at large (perhaps not!).

There was a good wind most of the day so she should be well on her way somewhere over the watery hills.


JULY 26th.

Arose as usual, at 8:00 a.m. and went on deck in the bright sun, but no Shamrock today. Took a walk and later to the salon for breakfast.

This is a wonderful day, but the steady roll of the Erin is evident.

Read, sunbathed, ate, slept, read, ate and spied into the horizon, yet there was nothing but water, water, water.

The library on the Erin is very extensive, in its variety of volumes and much good reading material is easily found.



JULY 27th.

A bright morning this morning, really topping in fact.
There was no sight of the Shamrock.

Sat on deck most of the day; the stewards (three) bring us refreshing drinks and eats at appointed intervals. Columbus who travelled over the same road about five hundred years ago had nothing on us for eats.

We are nearing the Azores (property of Portugal), and the air is really hot and "muggy".

No ships, no planes, no whales, no gulls, only "us" and water, water, water.

The Captain who is a fine man is having sleepless nights lately; is certainly on the lookout for the Shamrock V.

In the evening flying-fish are beginning to appear as we pass into these southern waters.

JULY 28th.

This part of the Atlantic is like a mirror this fine sunny morning. At 10:00 a.m. it is 101 degrees in the shade (not of the old apple tree)!

There is no evidence of the Shamrock today.

The Erin zig-zagged up and down the ocean all day in search of the lost racer and her crew. In the evening we started south again for the Azores keeping on the lookout.

One has a beastly nasal abscess which is beginning to bother one: it being near the inner canthus of the right eye causes one to recall his anatomy and think of all those nice veins that at times become infected. Of course that would mean that one will have a watery berth. and all that means one great big splash, however we will see.

JULY 29th.

Hunted all day for the Shamrock but without avail.

Nose is no better. one can hardly see out of the right eye.

Lovely day today, warm breezes blowing.

Read most of the day.

Started again towards the Azores in the late afternoon; expect to reach Fayal at 8:00 a.m. tomorrow. Whether or not the Shamrock will be there is another question.

Coal will be put on tomorrow to complete our journey to America—when we get the lost boat under our eyes and not until then.

JULY 30th.

Arrived at the Azores this morning, beautiful volcanic islands in the southern Atlantic, seven in number. One or two towering high into the low-lying clouds make a fine sight upon approaching them as the sun was rising behind.

Horta is a town of some thousand inhabitants. It is on Fayal Island which is about ten miles in circumference upon which grow bananas, pineapples, passion fruit, grapes and other tropical fruits. The shore and land is really old lava, a fine sandy dark earth and very warm to the foreigner. A well protected harbour exists around which Horta is spread, the town passing up the gentle slope. The houses are of stone and painted white. There are many evidences of the last earthquake in and about the town. The beach is excellent for swimming, and the waters are used most of the day by swimmers.

Anchorage was made, after the necessary red tape was run through, in the harbour.

Speaking of heat "%X"() **

Three hours after anchoring what should appear over the southern horizon but a clear white sail. Field glasses soon revealed that it was the dead old (new) Shamrock. Well, what a rejoicing sound went out from all of us. In another hour she was alongside the Erin: all were well but had been without meat for several days.

Afternoon was spent with the British Consul, his wife and daughter. They were fine people and took us in their car around the Island. The sights on this trip were wonderful indeed; the foliage was beyond one's imagination. The natives passed along with ox-carts with wooden wheels; a very lazy sort of Portugese, men and women in their bare feet. Articles to buy were cheap yet the advantage over the foreigner was shown frequently.

Visited the hospital, a most out-of-date place. I had planned to have my beastly abscess opened there but changed my mind when I met the doctor, Doctor Neves, the most hospitable gentleman I have ever made acquaintance with: he took me out to his country estate and served a grand meal.

JULY 31st.

At Horta, Fayal. It is a glorious day yet the heat is terrific. Swimming seems to be the earliest exercise the natives take in the morning, for the waters are early broken by them.

The Erin took on coal all day. Two barges were drawn alongside and the coal carried in baskets into the yacht by the natives, the majority in nude feet.

Supplies were brought on from the town; both the Shamrock and the Erin stocked up with fresh food and water.

At 6:00 p.m. both boats raised anchor and we sailed lightly out of the harbour when a most beautiful sunset was at its best. The breakwater and beach were crowded by the natives to see us on our way again. Round the fortified end of the island we sailed, once again upon the high seas; a more beautiful sight and departure could not be had.

The sun went down, and the moon came up. WHAT A WONDERFUL SIGHT!

AUGUST 1st.

The most gorgeous day so far, the ocean is like a mirror this morning.

Flying fish were frequently seen on their way to Mandalay (I guess).

My nose is improving and the exudate pours forth in good style.

The sunset is glorious tonight, the colouring on the waters would make an artist take note. The moon commences to rise in the clear sky and the rays glitter on the now rippling waters.

AUGUST 2nd.

Another perfect day on the high seas. Was on deck most of the day getting a good coat of tan.

The Shamrock sails beautifully along ahead, then behind us.

Two patients.

Rather uneventful day, no whales, no gulls, no vessels, no nothing: only water, water, water.

AUGUST 3rd.

Was up at 4:30 a.m. to answer a call to the Shamrock,—the light signals were given before dawn to have me go over when daylight came. The motor boat was lowered into the angry ocean, for there was a rough sea on at this time. After some difficulty in getting her down into the water and getting the engine started, it was found that the stern rope which was let go when the men on the Erin thought all was right (for the engine gave a few "chucks") got caught in the propellor of our boat, and there we were with only the bow rope still attached to the Erin, bobbing up and down, crashing every now and then into the side of the Erin underneath the stern. After some minutes the halyards were lowered and were hooked on to the bow and stern and up we were hauled out of that beastly ocean. The rope was cut off and down we went again SPLASH! The engine was started, the ropes cleared and off we went over the white-caps to the Shamrock which was drifting idly along. It was difficult to draw near the boat because the waves carried us down upon the side of the Shamrock causing injury to both boats. Finally we got near enough to have the patient handed over to us during a spell between two waves; the boathook was lost overboard in the scramble. The trip back was quite as eventful in approaching the Erin. The patient had appendicitis which called for operation several hours after, my anaesthetist was a lawyer and my assistant was the captain. Things went fine except for the wretched roll.

Great day this, and great stuff, this sea life in the mid Atlantic. Tended to the patients and read on deck with the others.

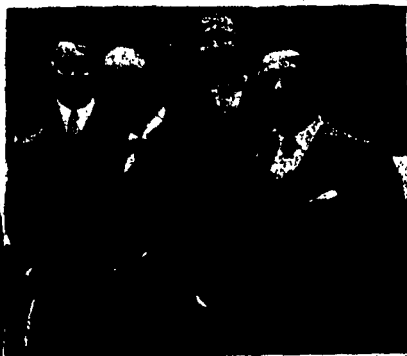
Three patients now. My European instruments, came in very handy today and they work well.



THE "MUE"

SIR THOMAS SPENT 2,000,000 ON FIVE RACES FOR IT.

THE TRIPS ACROSS WERE ALWAYS TOO GREAT A STRAIN FOR A SHAMROCK TO WIN

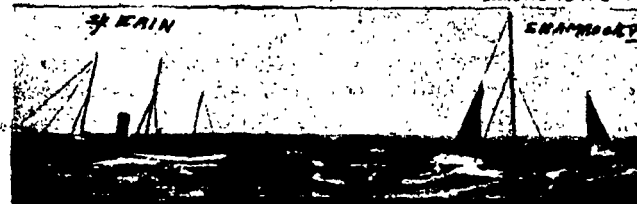


A FAMOUS OLD SALT COMES BACK TO NEW YORK; SIR THOMAS LIPTON ON BOARD THE MASON, WHICH CARRIED A WELCOMING COMMITTEE DOWN THE RIVER TO GREET HIM AS HE ARRIVED FOR THE CITY RACES.

SIR THOMAS LIPTON
"THE SHAMROCK V. EXPEDITION TO AMERICA"



ENROUTE TO THE U.S.A.



Over the Bounding Billows, "Enr." with "Shamrock's" in Tow, Snaps from a Passing Vessel (See Above)

"NOVADISH"

ONE OF THE HARD DAYS



TOWN OF NORTH ON FAYAL. ABOVE WHERE HE STOPPED FOR 24 HOURS "A BEN IN THE ATLANTIC"



THE "OFFICIAL" ON THE TRIP



ALL LOOKING FOR THE LOST SHAMROCK - LOST FOR FIVE DAYS -



THERE SHE IS AT LAST THE SHAMROCK V.



FROM ROBERT ENGLAND TO NEWPORT 24 IN 26 DAYS

A TWENTY-SIX DAY TRIP

AUGUST 4th.

A perfect yachting day, light west winds are blowing. Flying fish are numerous, and much seaweed appears as we approach the Sargasso Sea, where old derelicts lie hidden and where all sea creatures crawl listlessly about on the sea vegetation, as it flows round and round in the Atlantic.

The awning which was put up on the deck is a great relief to us, for it breaks the hot sun's rays that was wont to pour down on us heretofore.

Read, slept, ate, bathed, ate, read and slept. Tended to the patients, of which there are four now, all doing well, the more serious being mid-palmar abscess and the appendix.

There is a beautiful sunset this evening; nowhere are there more beautiful sunsets than on the ocean. If some landlubbers could only see these they would be more apt to take the watery way instead of the milky way. Later the moon comes, and what a sight! I am going to sit out until it goes down again, for the sea breezes are so balmy.

The Shamrock sails blithely along; the green hull reflects the moon's rays and phosphorus sparks brightly along the side of either boat.

We have some 1,800 miles to go before sighting land, unless we go nearer Bermuda.

One might note that we (Mr. Ross, Mr. Barbour and I) hooked for seaweed for about an hour today. This was real sport. The weed has a fine foliage, not like that found on shore, and there are numerous small branches laden with "cysts" which look like small pearl beads and are arranged like grapes on the vine. As the weed came sailing by, we would throw out our hooks (which were attached to strong string or fishing line) in the hopes of the hook landing upon the bunch. We were more or less successful in our attempts. The weed has numerous small creatures riding upon it, such as crabs, etc. The "etc." looked like nothing on earth and therefore one was not able to name them. One pickled a small crab in a bottle of alcohol.—real Scotch alcohol—and the crab was not crabby at all about its new liquid.

There were no boats, no whales, no gulls, only ocean, ocean, ocean and flying fish.

AUGUST 5th.

Beautiful day although a heavy sea, with much rolling of the boats. The Shamrock is ahead most of the time, and at times only the sails are visible. Extreme heat persists (one went and sat in the bath-tub,—full of water of course—because of the heat.).

Wind died down in the afternoon so the Shamrock had to go in tow.—a beautiful sight was experienced while she was getting the tow-line from our stern (one means the Erin's stern). She drifted

very near to our side, so close that we could speak to those on the other boat. Many pictures were taken during this phase of the trip as well as in the past few days. The tow-line was floated on corks out on the water for an eighth of a mile and the Shamrock crew hooked it up later.

Nearly saw two whales; we were called from the salon by the steward but too late for they remained under too long and it was getting dusk. No feathered creatures, no boats, no nothing, except beautiful skies and almost two whales.

AUGUST 6th.

Twelve hundred miles to go before sighting Nantucket Lightship off the U.S.A. It is a grand day, light breezes blowing. Trying to keep clear of the Gulf stream as long as we can, expect to cut across it near Bermuda.

Shamrock doing well on her own,—the head winds are bad.

Patients doing well.

Last night was glorious on deck.—the steward made deck beds for us and we slept out all night.

AUGUST 7th.

The wind she blow, she blow very hard, and then she blow some more! Very rough, with head-on winds all day, a real sou'-wester. The Shamrock would disappear below the billows, the water sweeping her decks each time. If the men had not been roped on and a wire fence about the deck, they surely would have been washed overboard. The boat reminded one of a seal, swimming at full speed,—a grand sight.

Tended the patients and sent them on their way rejoicing.

Took snaps of our homely selves: there was such a roll that I wonder if we are in the picture at all.

AUGUST 8th.

Very high seas and strong winds. Terrible day all around. Numerous heavy showers all day, so heavy that the white-caps disappeared often. The waves dashed clear over the Erin, to say nothing of the dear old Shamrock; she went through every movement except turning turtle.

The coal on the Erin is getting low and there are some 900 miles to go yet. One hopes that they will not have to break ship to fuel her; if this weather persists it will have to be thought seriously of.

Wireless tells us that there is good weather ahead. As we are a jolly fine lot on board we are not worrying a great deal.

AUGUST 9th.

A great lull after the storm, the sky is clear, the sea calm, and the air is warm (hot).

Signals from the Shamrock indicated that they needed supplies (food); jokingly they signalled for chicken, but as their stores which we were carrying, contained no such bird, they did not get chicken. The supplies were easily rowed over to them as the sea was calm.

Full speed ahead all day. Tonight dark clouds are seen at the fore, so rain is expected soon—maybe not.

Saw two whales playing together (rascals).

Daily news shows little going on in the world at large.

AUGUST 10th.

Strong sou'-wester all day long, and cloudy. The Erin rolls and dips along; the Shamrock plunges and recovers herself in the rough sea only to go down again and again, the spray shooting twenty to thirty feet to either side of the bow.

Several gulls are seen (Independent American gulls, no doubt) at last,—the first for days.

The wireless states Moses Taylor's yacht, the IOLANDER is trying to catch up to us, as she has asked several times today for our latitude and longitude. She left England about a week after we did. She has a speed of 15 K.P.H. We expect she will overtake us to-morrow. Mrs. Taylor is having her over for the races, and she is manned by an English crew. (I mean the Iolander is managed . . . !!)

Entering the wicked Gulf Stream to-night—I hope we sleep to-night.

AUGUST 11th.

One has frequently heard of a storm at sea, but only this morning one realized how old Neptune can handle the makings of mankind as well as mankind himself. The gale was blowing at 70 miles per hour. the waves passed clear over the Erin time and time again. The poor Shamrock did everything except stay at the bottom of the ocean. All airways were closed tight, the only air they had below was that which passed down the hollow mast. Practically all bedding was soaked, the men having to sleep on the wet deck below. The men on watch (eight) were required to stand by for double time as the watch below could not come up until the sea settled a bit. The ships corkscrewed continuously: lightning and thunder persisted for three hours. One could only see the Shamrock faintly at times; so great was the downpour, and she was only a few yards away at that! The Captain had no idea of losing her at this stage of the trip. Finally the storm cleared and by night it was fairly calm.

The Iolander passed us during the storm, coming quite close and blowing her whistle reverently as she passed us. She was the first ship sighted since leaving the Azores—a great thrill!

Sea gulls increase in number as we near America.—400 miles to go.

AUGUST 12th.

A Beautiful calm day after a hilarious one the day previously. Up on deck most of the day except for meals and patients.

The Shamrock crew are all out drying themselves. Their decks look like a wedding feast—all the wires and ropes are taken by every form of garment drying; some are as they were in the Garden of Eden, why surely, more so!

Saw two tramp steamers going East.

Played quoits for a while.

The wind this evening is much cooler.

Expect to arrive in New London tomorrow.

Radio is faint from England, but very clear from New York; quite a contrast between the high class music of Europe and the jazz of the U.S.A.

One needs a hair cut badly,—that will be my first act upon landing.

AUGUST 13th.

Up at 5:00 a.m., a wonderful sunrise. Passed Nantucket Lightship at 4:30 a.m. The sea is as calm as a bathtub (without anyone in it).

In the distance we observed coming over the horizon an object that appeared like a boat, but up the mast were three dark forms,—were they flags? bags? guns? Well, they turned out to be three men up a mast looking for sword-fish.

Block Island was passed and then someone (airman) told the news that the Erin and Shamrock were nearing, so what followed would take a volume to write; speedboats, sailors, aeroplanes, rum-chasers, yachts, etc. They seemed to come from "nowhere"; the more daring press-agents came alongside for news,—literally dozens of these infernal agents swarmed about. As we entered New London accompanied by two destroyers, the harbour was crowded so that anchorage was made further out. After anchorage, the boats were infested by the movies' and news agents, and all the trip seemingly poured forth. One will save the papers of the 14th to see how it looks in print.

Following one day here the Erin went down to New York to get Sir Thomas who came on the Leviathan. The trip down between the island and the mainland was wonderful, much different from the open sea.

Sir Thomas looked well, but is suffering from lumbago due to his devitalized teeth, which one advised him to have removed before leaving England. Relief was given him on the Erin; all one had left

was some codeine so I used that with results. He is a fine old gentleman, loved by all who know him, and the world's best sportsman.

Following his departure for New London, I stopped in Little old New York, then Philadelphia, Scranton, Boston, St. John, Fredericton, Sherbrooke, Montreal, Winnipeg, Edmonton, Vancouver, and finally Victoria, after one of LIFE'S GRANDEST EXPERIENCES.

CHAPTER VII.

A SURGICAL TOUR OF THE EASTERN UNITED STATES

Presented to the Edmonton Academy of Medicine, Oct., 1946.

Mr. President, Fellow Members:—

Last spring I went down to visit the Thoracic Clinic in Ann Arbor and Detroit, and what I propose to show and tell you tonight is knowledge I obtained while away.

The road of thoracic surgery has met with much adversity, but much has been gained by the pioneer spirit of a few men who have delved into the unknown and set themselves apart from the society of men to entrench themselves against the many lesions found in the thoracic cavity.

I believe thoracic surgery can claim to be the first department or specialty to have an operation performed, because if you read the Good Book the first operation performed was rib resection, from which we got woman!

The progress of thoracic surgery has been greatly helped by the members of the Anaesthetic Department, for the anaesthetists have followed the thoracic surgeon along in his pioneer work; we are very fortunate here in Edmonton in having good anaesthetists. If a person gives an anaesthetic for a thoracic case, as when giving it for a brain case, the physiology of thoracic surgery is so changed as compared to abdominal or orthopaedic, that the anaesthetist has to be on his toes completely for changed conditions.

I have some slides here that will act as topical slides,—on any one of them we could spend a whole evening together. I will review the anatomy of the chest in recent advances of anatomy done by Boyden. We were told when young that there were three lobes on the right and two on the left. There are still three on the right and two on the left, but these are subdivided into segments, and we can see by those (slide) bronchi that they go to various segments of the lung, so we can diagnose by segment exactly the site of the disease. (Slide). Anatomy. That is just a sketch of the nerves going to one bronchus, the pre-ganglionic and post-ganglionic. There are no pain fibres in the lungs so there is no pain in the lungs until the lesion reaches the pleura where there are the pain fibres. Therefore pain is

a late symptom generally. (Slide). A small sketch showing at the top the pleura and alveoli, the venous and arterial and the lymphatics. The periphery where the lung tissue is very very delicate. That again is the structure of a bronchus; the muscle and elastic tissue. The bronchi change position on the principle of an accordion during respiration; it contracts and relaxes as one breathes. (Slide). A sketch from a book, and it again shows bronchi with the name of each one, so when we put a bronchoscope down we can see the bronchi that one might visualize. (Slide). The apex of the lung; the first rib, the anterior, middle, superior and posterior mediastinum. I might mention that in some clinic it is routine to do a lateral plate on the lungs because there is so much hidden behind the sternum and the heart that shows up on lateral pictures. (Slide). Segments of lungs—this position is the left lateral view. See the names there. Each one has a separate bronchus, blood supply and lymph drainage. The left mediastinal view. The right lateral view. An abscess in the lung can be localized much better knowing there are such segments.

Advances in thoracic surgery have been improved by members of the X-ray Department by use of the kymograph where we section the body by taking rotating pictures of the body down to the tumor site. Then we pick out the one which shows the tumor. (Slide). Now, a dermoid cyst of a girl 22 years old, which I removed in January; she did very well. It shows the depressed lung, but free in the pleural cavity. Lateral plate showing the importance of doing a lateral, and seeing the dermoid behind the sternum. (Slide). Bronchogram showing an oblique view of the chest—throws the tumor out better as we see on the left-hand side near the top. Visualization of the bronchial tree is not new, but has been going on for 15 years, but of recent date it shows the importance of using this method of outlining the bronchial tree. You may find bronchiectasis, cyst, abscess and obstruction of the bronchial appendages.

(Slide). This is an example of bronchiectasis, on the left side outlined in X-ray. A bronchial block will cause atelectasis or collapse of that portion of the lungs, just as cancer of the bowel causes obstruction. The bronchus collapses in the same way and one may lead to bronchiectasis. (Slide). Right lower lobe, a triangle area. Again with bronchograms one has an obstruction, and we can see the light area in the right intermediate bronchus, and that is shown up by a bronchogram. It is a method of diagnosis. (Slide). Bronchogram showing the various bronchi, the idea of the bronchogram is not to fill the bronchi with lipiodal, but one that will outline the bronchi. That is the idea of the bronchogram. Years ago we thought we had to fill up the bronchi with lipiodal but that is not necessary.

Other means of diagnosis which has improved of late is the bronchoscope. With the addition of a right-angle mirror telescope which passes into the bronchoscope, we can look up the apical bronchi as you see on the right. (Slide). That instrument is very

valuable because as we know we cannot look around a corner with a straight instrument. (Slide).

Before the war we used to use a tourniquet around the hilus of the lobe; now we dissect each individual vein, each artery and each bronchus separately. Dr. Haight of Ann Arbor was the second in the world to do a successful pneumonectomy. A German did one in 1931 but the patient died. Edward Graham did his pneumonectomy in 1933. His patient is still alive, which is historic.

POSTURAL DRAINAGE

(Slide). This should be the first position you put your baby in when it is born. Turn it on its back or on the left side to let it drain. Posture drainage is very important in suppurative lesions of the lung, as bronchiectasis, lung abscesses, and certain types of asthma. Put the patients in the knee-chest position, let them cough a little, then turn them on their back and the bronchi going to the middle lobe, which goes forward, will drain out on the left side, then the right side. Any post-operative case may have an involvement of the lungs.

CANCER

While I was in the Memorial Hospital in New York I was surprised to find up to 148-155 breast cases each day. In their technique in breast surgery for a cancer, they use Halstead's radical and Halstead's incision. They do a radical breast, radical gland resection, and if the glands are positive in the axilla they give X-ray post-operatively, not otherwise. When axillary nodes are involved, and we might say how do they know when axillary nodes are involved, they use a red button sewn on the glands up in the apex; a blue button on nodes underneath the pectoralis muscle; and they sew a white button on the axillary group. The pathologist knows where the button came from, and where the glands came from.

DIAPHRAGM

Coming to the diaphragm, much work has been done on the diaphragm. Hernias of the diaphragm are not uncommon; they are quite frequently mistaken for other lesions. They are generally secondary to a short oesophagus. They pass behind the sternum, and are often at times called ulcer, indigestion, or gas on the stomach. If investigated for hernia we will find them. Also in pregnant women, the intestines and stomach are shoved up and they have so-called hyperacidity. The symptoms disappear following delivery.

TUBERCULOSIS

Passing now to tuberculosis, many improvements have taken place in thoracic surgery regarding tuberculosis. There are many centres down East doing pneumonectomy for T.B. in very selected cases. A few indications here show T.B. Repeated haemorrhages that will not be stopped by ordinary treatment, suppuration, stenosis as

the bronchus is blocked—we know the reasons—failure and collapse. What we must have is a good contra-lateral lung. One of the best authorities on chest work is Churchill (I consider he is the best thoracic surgeon in America). He is Professor at Harvard.

EMPYEMA

Speaking of empyema, the trends show that 50 per cent of them can be cured by needle aspiration and penicillin, but the thing is to get them aspirated and let the lung fill out; aspirate the pus and the air. Do not allow the air in. As long as the lung is collapsed, the harder it is to inflate because the pleura becomes thickened rapidly.

THE OESOPHAGUS (Burns)

The past treatment of the oesophagus in lye burns was to wait till the stricture took place and then try to dilate it. This treatment is being changed to early investigation; five to six days after the lye is taken, oesophagoscopy is done. We see the extent and evidence of the burn (slide). On the right we see the oesophageal tube. This is put through the nose and left in for three or four days, and let them feed through it. Then we replace it and leave it in for two or three weeks. For burns in children, where these tubes have been put in, there have been much better results. We avoid diverticulae and perforation of the oesophagus. Instead of trying to dilate in the more chronic type we pass a tube into the pharynx via a pharyngotomy incision,—that keeps the patient's nose and mouth clear. We leave it in for three or four months, depending on the severity of the burn. This treatment overcomes stenosis of the oesophagus which is the prime desire in all lye burns.

CANCER OF OESOPHAGUS

(Slide). This is an X-ray showing the outline of the oesophagus that has mediastinitis. Inflammatory processes cause little deformities: these are often mistaken for diverticulum or compression. Cancer of the oesophagus takes place in 7 per cent of all cancer. (Slide). This X-ray shows various forms we get. Anybody who has dysphagia, the first thing that should be eliminated is a growth in the oesophagus. Make sure it is not cancer, because it is cancer that always kills. Churchill has done a great deal on the surgery of the oesophagus. More recently surgeons are joining the duodenum and even the stomach, at the level of the apex of the chest, to the proximal oesophagus. All tubes on the chest, the skin, and rubber tubes are very degrading to the patient, and these methods are not being done as often of late. The lower portion of the oesophagus is perhaps, the easiest to operate upon. Cancer of the oesophagus occurs between 50 and 70 years, goes up as high as 40 per cent. The oesophagoscope, like the bronchoscope, is used to visualize the lesion present. Thick barium will give us the site of the obstruction, but the oesophagoscope will tell the type by biopsy.

(Slide). That is the chest opened up, with resection of the oesophagus. We see the stomach up through the diaphragm, the heart, mediastinum, lung and retraction of the chest. Dissect out the oesophagus up the whole length and resect the stomach and join it on. (Slide). Further procedure, dissection of oesophagus, closed up at the end and then brought up behind the aorta and out the neck. In women we can use the skin of the breast, it is always extensive. I am going to review Symons and Soutter's tubes. We pass a silver wire spiral tube down in inoperable cases until it comes to the obstruction, and then push it through until it gets pretty well stuck, and then liquids are given for the final days rather than doing a gastrostomy.

VAGOTOMY

Vagotomy is more or less a recent procedure. There is a great deal of controversy. It is perhaps a little early to discuss results but vagotomy is being used, that is, cutting the vagus nerves in the chest as against the abdominal route, because there are several branches that we may miss by going through the abdomen. One resects the vagus nerves anterior and posterior for recurrent ulcer, recurrent haemorrhages and gastro-jejuno-stomy ulcer, but we must be more careful when tending people where cancer is a likelihood, —where there is obstruction of the duodenum or pylorus.

THYMUS

Coming now to the thymus gland, the first operation was done by Blalock, Professor of John Hopkins. Some say that the secretion of the thymus works on the muscle destroying the action of acetylcholine. When the thymus goes on this function it secretes a substance which prevents the action of the acetylcholine on the muscle, and we get a weakening of the facial muscles, early followed by all muscles. It has been found that in males with myasthenia gravis, a tumor is present, whereas in females hyperplasia is found. (Slide). This is the procedure that is taken to reach the thymus gland—the sternal approach. Years ago the Germans used to go through the thorax just above the angle. It is impossible to get the thymus gland there because it goes to the base of the heart and one is unable to remove the thymus by that route.

PNEUMONECTOMY

In pneumonectomy, we aspirate the chest after operations, (Slide). There, as we see, the lung is out,—taken out for cancer. What happens to the big cavity? The mediastinum shifts to the right, the pleura thickens, ribs come closer together, diaphragm moves up, and the rest fills in with fibrosis. (Slide). Bronchogram showing cancer with a typical view of a "rat-tail" bronchus,—quite characteristic of cancer of the lung, that rat-tail up in the tumor there.

(Slide). These are some of the masqueraders of primary carcinoma of the lung,—abscess, bronchiectasis, tuberculosis, and the benign tumor of the glands. (Slide). There again, nodes hidden by the heart. Lateral view shows a large tumor behind the heart. It would have been missed in the ordinary plate. With empyema in old people we should always be suspicious of cancer. Do a rib resection and wonder why it doesn't heal up? Do a bronchoscopy and you see why!

FUNGI INFECTION

Out west here we have the grain people, and there are certain fungi that cause the thresher's lung. Chronic cough all winter is characteristic.

HEART SURGERY

Coming now to cardiac surgery. Sub-anatomical sketch showing some of the structures in that area. (Slide). That line on the aorta limiting the pericardium is one of the reasons why we have aneurysms in that area because there is no layer of pericardium formed thereon. It is the weaker part of the organ. I want to draw your attention pretty soon to more recent work in cardiac surgery. A great many doctors die of coronary occlusions. Much has been done in that line and we see there in figure I, a form of initial coronary sclerosis. I drew that to remind you of the various methods of trying to overcome this obstruction. That is by grafting the myocardium to the omentum. We may join the pectoralis major to the myocardium. The mammary artery, intercostal artery, may be imbedded in the myocardium to give more blood. More recently, and I think we are on a good track, there is the work done by Fateaux of Laval University. He went down to Boston to work on resection of the nerves on the coronary arteries. He resects the nerves of the coronary artery. He ligates the vein with varying results. He has written about it but it has not been fully published yet. Another method of dealing with coronary sclerosis and to overcome the circulation deficiency, is that done by Dr. Claude Beck of Cleveland. He passes a needle through the lesser triangle and inflates the pericardium with air and blows in powdered asbestos which causes adhesions and new blood vessels.

Pericardectomy for Pick's disease is being done more in selective cases. Coming now to the patent ductus arteriosus done in 1938 by Dr. Gross of Boston. He selects his cases more carefully now and he thinks that it overcomes bacterial endocarditis. May be cured with penicillin. Where we have patent ductus arteriosus we may have other troubles arising, as cardiac deficiency. Treatment is ligation, or cutting and closing. Clarence Crafoord of Sweden cuts the ductus off the pulmonary artery and sutured over. He spoke at the Thoracic Convention at Detroit last spring, and said, "I did this by mistake. I was cutting and the ligature slipped, and I grasped the

aorta with the forceps and found I could carry on, so I cut the ductus off." Blalock used cellophane round the duct, but so much fibrosis ensued that the patient lost his voice. (Slide). This is an open exposure of the patent ductus arteriosus. What we have to be careful of is the delicacy of it and the recurrent laryngeal nerve.

COARCTATION OF THE AORTA

Coming now to coarctation, most daring surgery, resecting the aorta. In patient with a high blood pressure, 190-100, we should be suspicious and listen to his heart carefully and investigate him—take blood pressure of the legs also, X-rays of ribs for notching, and further study. On occasion we will find it is coarctation of the aorta causing the hypertension. Some have long life, others do not. Great vascular collateral circulation is greater in this than any other lesion. The anastomosis is so well established by the time they come to surgery that we can clamp off the artery without disturbing the lower limbs. A surprising thing and daring procedure, but the lesion itself is comparatively damaging. Clarence Crafoord was the first man to do this procedure.

PULMONARY STENOSIS

In a true blue baby, when they start crying or on the least exertion there is cyanosis with a large heart and concavity in the left pulmonary artery area in X-rays. It gives us a lead to what the lesion is. Blalock and Helen Taussig went into this field of pulmonary stenosis and after much investigation they decided to do one of them on a human being. I don't think I have ever been at a scientific meeting which showed more enthusiasm and congratulations to two people than in Helen Taussig's presentation. They actually stood up and clapped following her presentation. She showed what was done, how they proceeded with it, and then this was followed by Dr. Blalock and he gave an account of his procedure. He does one or two a week evidently; the patients come from all over the Continent and South America. He has a cardiac clinic. Helen Taussig runs it and she selects the cases for his surgery. Helen Taussig is putting a book out which is much better than the late Dr. M. Abbott's. Dr. Blalock's procedure is to anastomose the subclavian or innominate artery to the pulmonary artery. The principle is to have more arterial blood go to the lung.

With the showing of Blalock's cardiac surgery, the speaker wishes to thank the members of the Academy for their very evident attention, and the interest shown. Thank you, Mr. President.

CHAPTER VIII.

HYDE PARK OF LONDON

In the afternoon of February 2nd, 1930, I went to Hyde Park with Walter (Dr. Little of Toronto) to hear the Australian carillon bells, before being sent to that far away land. They were beautiful sounding and are of the type found in the Peace Tower of the Houses of Parliament in Ottawa.

Numerous favorite pieces were played upon these bells as we sat on our penny seats in the park with hundreds of others who came to stroll, sit or gossip or listen.

Hyde Park is an immense open, yet well shaded field, in the densely populated area of London, not far from Buckingham Palace. The circumference is four miles with paved walks crossing at appropriate places; shade trees, seats and wide green stretches of green grass make for an ideal resting place where one can only hear the hum of bees and twitterings of birds, and the soft voices of the English people, yet with a distant sound of a mighty city all around if one so wishes to concentrate on the various sounds in such a place as Hyde Park.

Here the noblemen, ladies and near-ladies stroll. Here the nurse-maids stroll along with their precious human loads of babies in prams or push-carts; many of these will be the British leaders of tomorrow. How well the British preserve their stock, like purebred stock hand-picked, bred and cared for.

One cannot but be impressed by the throng in the Park today and see the power which is British.

There are several large arches which are the entrances to the Park, and one especially is of interest, namely, Marble Arch, for it is near this entrance that so many gather on a Sunday morning. Here those who wish to speak their mind on any topic they desire, against all humanity, singly or en masse may do so to the full enjoyment and some argument from their listeners. These men and women stand on stools, ladders, or on the ground and really bring the roof "sky" down on any subject they wish. Few Canadians have missed this Sunday morning treat in London.

Another "odd" place to go on a Sunday morning—there are thousands—is Petticoat Lane near Liverpool Street Station; here one can lose and buy back anything before one leaves!

Leaving Hyde Park we pass along into St. James' Park and see wide stretches of artificial lakes and streams in which are beautiful water-fowl, swans, ducks and the like; children wading or sailing small boats, older children in small punts rowing or punting about,—all so peaceful, and all so wonderfully English.

And so we leave The Park of London, and stroll down to the St. James and the Buckingham Palaces, see the changing of the Guard at 10:30 o'clock, and in the distance we hear the tolling of Big Ben. Traffic increases and the roar of London business is soon within our ears, as we leave the wide Mall behind us. We have enjoyed this outing this lovely day, and after having a mug of tea and a roll for threepence, we return to our diggings and our books in Bloomsbury district of this mightiest of cities, this city of London.

THREE LANDMARKS OF LONDON

(A Travelogue)

1. THE ROYAL COLLEGE OF SURGEONS MUSEUM:

The morning was spent in the Museum of the Royal College of Surgeons at Lincolns in-the-Field.

This is an immense place containing all specimens ancient and modern in the surgical field, and comparative anatomy.

The pathological specimens are world famous; the ancient and modern instruments are here; the dissections of famous men. In fact, every anatomical and surgical world of old England may be found within these stone walls.

The Listers, Hunters, and other great men have left their everlasting work in these halls.

Room after room, gallery after gallery, mummies and all. The comparative anatomy department is outstanding. Is it any wonder that the Fellows know their anatomy!

Every specimen is well indexed and neatly arranged in glass cases, shelves, or encased. All the original pioneer discoveries are illustrated.

To any one visiting London the Royal College of Surgeons Museum is an oasis for pathological and surgical knowledge.

2. ST. PAUL'S CATHEDRAL:

This is the resting place for Britain's famous men and women, of non-Royal blood. Here Wellington, Nelson, Drummond and many other illustrious dead are to be found buried in vaults, in the ground, or in crypts.

There are dozens, perhaps hundreds of tablets, commemorating the great deeds of this Island country. Nelson's hearse is

found in the main crypt. All about there are monuments, armour and relics of the past greatness of England.

This famous Cathedral has the whispering gallery in the dome, whereby a person whispers on one side of the huge dome and anyone away across the diameter of the dome may hear that whisper—a wonderful accomplishment in architecture by Christopher Wren, who built many famous London buildings after the great fire.

3. THE BRITISH MUSEUM:

In the Bloomsbury district of London may be found a world within this world under the above world-renowned name, namely, the British Museum.

This Museum is the world store-house of the past from every land and clime. Here may be found the original of thousands of specimens used by the very ancients.

The huge storehouse covers three city blocks. It contains whole huge statues, gates, gods from Egypt! Here may be found ancient Egypt all catalogued and safely guarded, and from that date right down through the ages to include the latest guns used in the 1914-18 war.

One would require weeks to see its contents and one becomes fatigued passing from room to room, from gallery to gallery, and from one floor to another.

All the armour, the weapons, styles, jewellery and treasures of the ancients are found here.

The library alone contains a copy of every pamphlet, book and magazine put on a press. In the book department there are over four million, covering an area of five acres alone of this huge mecca of knowledge.

Words fail one, to attempt to describe the vastness of this Museum. Its greatness is far far beyond the stretch of the imagination; one has only to get a superficial insight into the Museum to realize the stability and greatness of Great Britain.

CHAPTER IX.

HER MAJESTY, QUEEN ELIZABETH

(A visit by Her Majesty to No. 11 Canadian General Hospital)

Shortly after the Normandy invasion by the Allies in the spring of 1944, large numbers of fresh casualties arrived from those blood-sodden shores at our hospital, stationed at Taplow, England. Our once peaceful and quiet hospital became overnight a front-line hospital and a hive of surgical activity commenced.

As the weary and tiresome days and nights of surgical work upon these battle-torn bodies passed by, it appeared as though there would be no end to our efforts to restore the human body to near normal. Convoy after convoy would come with fresh cases and take away those who were repaired to less active hospitals throughout England. A continuous change-over persisted until one day we received the good news that hospitals were established on the beach-heads of Normandy shores, and our immediate heavy duty would be lessened. A rather humorous incident occurred during this onrush of battle-fatigued and wounded men from Normandy. A stretcher-bearer became so exhausted on the loading shores of Normandy that he lay down on a stretcher with a blanket over him and went to sleep. Being close to other stretcher cases on the shore he was picked up and shipped on to us; he was still asleep when he arrived. Maybe that lad had a hard time to rejoin his unit!! He did so after a great deal of official explaining. He no sooner got back to Normandy when he landed back at our hospital minus an arm from a bombing incident. So go the fortunes of war!

Following the establishment of beach-head hospitals, a very freshening report filtered through to us that Her Majesty, Queen Elizabeth was to visit us at Taplow. As the war was on in force the closest secrecy was necessary regarding the visit, and together with the "doodle-bugs" (V-1 bombs) there was much danger for all.

Because of the now lessened activity about our hospital we were better prepared for the Royal visit. Colonel Watson, O.C. from Victoria, B.C., made preparations; the secret service was a closed book and the staff and officers of the hospital were "ear marked" to carry out our duties in Her Majesty's presence. The nursing sisters, God Bless them, were to wear their "bib and tucker" and the medical officers were to look their best.



HER MAJESTY QUEEN ELIZABETH

The eventful day came and Her Majesty Queen Elizabeth arrived, in company with Lady Astor, the lady-in-waiting, the D.A.M.S. and several other officials, all travelling in brilliantly shining Rolls Royces, with the Royal standard flying.

The official reception was a grand and warm one, and it was not long before we all realized that Her Majesty was just one of us in a war torn world. She had come to give us comfort and cheer.

After the formal introductory ceremonies were over the tour of the hospital commenced. The Queen and her entourage passed from ward to ward, the Queen talking to the patients, shaking hands with many and leaving that heartfelt glow that only a Queen could leave with her battle-torn subjects. Those who could not see Her Majesty, felt her soft warm hand clasp theirs, and a smile could be seen to pass across the blinded soldier's face.

The writer being in charge of three surgical wards waited with some trepidation as the Queen passed slowly from ward to ward.

Upon arrival of Her Majesty at my first ward, Col. Watson introduced me to Her Majesty, and after the military curtsy and a very warm handshake, one experienced a relief of the former "fear" at once. Her Majesty looks one straight in the eye with that true queenly smile that she possesses, and repeats your name so softly and clearly. Never did I think that my name would come from the lips of a queen.

Immediately we passed from patient to patient, Her Majesty asking me questions about many of my patients and shaking hands with many more. We passed slowly through each one of my wards, the Queen leaving a kind and encouraging word, a warm smile and showing true sympathy and understanding to the more severely wounded, and to all a comfort that warmed their hearts.

Each ward was in a hush while Her Majesty passed along from soldier to soldier and she spoke regarding each one; no one was neglected, a voice so soft and feminine, a face so lovely and true, a beauty that only a queen could show—this is our Queen Elizabeth. Many a tear came to the soldiers' eyes but she left a light burning in the soul of those who were blinded in battle. Her departure from each ward was as though an angel had passed that way,—so gentle, so kind, so true an angel.

Many official and private photographs were taken during the above and the writer had the honour of being photographed with Her Majesty on several occasions; these are cherished, quite naturally, by me.

At the close of the visit to my wards, her Majesty shook hands with me and thanked me for what I had told her concerning the patients, in all of whom she showed profound interest. From my wards she passed down to the remaining ones, always with the motherly understanding kindness, so characteristic of Our Queen.



HER MAJESTY VISITING THE WOUNDED
IN NO. 11 CANADIAN GENERAL HOSPITAL



HER MAJESTY WITH THE AUTHOR

The hospital-tour was followed by a tea and reception in the Nurses' Home, where the nursing sisters had an opportunity to meet her gracious Majesty, the Queen.

Following the tea and reception the Royal entourage left No. 11, Canadian General Hospital, for Windsor Castle, but much remained from Her Majesty's visit. A bond of true values will always remain in the hearts and minds of those who had this rich opportunity in meeting our truly noble Queen, Queen Elizabeth.

CHAPTER X.

A SURGICAL TOUR OF SWEDEN

INTRODUCTION

During the months of May and June of 1947 the author had an opportunity to take a trip to England and to Sweden, and in so doing was able to obtain first-hand information, especially from the latter country, in regard to advances in surgery during "our" war with Germany. One will try to convey this information to you in the space allotted. Many fine reports have come out of Sweden prior to and since the war, upon their method of health control; their middle-of-the-road policy in governmental and co-operative societies; their absence of slums; their fine housing arrangements; their high standards of education and research. All the foregoing are readily recognized shortly after arriving in Sweden by air or by steamer.

If one examines the map of Sweden, one soon realizes that it is situated in that part of the world which is more adaptable to mental alertness and progress than are some of her "southern sisters"—as one Englishman stated, "Up where the air is clear and off the beaten track." Sweden lies between the Baltic Sea, Gulf of Bothnia and Lapland on the east, and Norway on the west, well north of latitude 58 degrees. Stockholm, the capital, with a population of 668,000, is approximately on latitude 60 degrees. Great Slave Lake in our own country has a similar position. The climate of Sweden is moderate because of the gulf-stream taking a course in that direction. It is one of the "lands of the midnight sun", as is so well exemplified during the month of May, during which time a traveller often loses the sense of time because of the long periods of daylight, with only two hours of mild darkness in which one may read easily.

In visiting Sweden for medical purposes, it is wise to reach there in May or the latter part of April, for the more eminent men of the universities take their holidays near the end of June. Because of the shortness of summer it is essential that they go at this time. Unless this is known by the traveller, much valuable time is lost.

THE MEN AND THEIR HOSPITALS

There are three universities with medical schools in Sweden. Stockholm, Uppsala and Lund are the cities in which these are

established. The University of Uppsala is the oldest; it is about 20 miles from Stockholm.

It is of interest to visit these well-established centres of learning, for at each university or clinic one meets men who are world leaders in their respective endeavours. In Stockholm there are two university surgical clinics, one at the Lasarsinzkjaus (name of hospital) with Professor G. Soderlund as head; the other at the recently built University Hospital, the Karolinska Sjukhuset, with Professor Hellstrom as the chief. Both of these men are very clever surgeons. Professor Hellstrom is the very soul of courtesy. Although he is a general surgeon, he does all of the urological surgery at this large and beautiful institution. In Sweden, urologic surgery has not been separated from general surgery to date.

It is a great pleasure to meet men of the above calibre and to converse with them, seeing their work and their ways, going on their long ward-rounds, lasting from two to three hours, and seeing the results of their treatment. Their mistakes and their successes are there for one to see and learn. The language is not a difficult problem, for the majority of the doctors speak English fluently.

In Stockholm the Thoracic Surgical Clinic has been approved by the government and is functioning under the very capable directorship of Dr. Clarence Crafoord, who is also head of the surgical department of the Sabbatsberg hospital. Doctor Crafoord was recently made the recipient of the Nobel prize for his pioneer work in cardiac surgery and other thoracic procedures. He is a most meticulous surgeon, and this recognition is in keeping with the results of his pioneer work. His studies in physiology of the lung, his anaesthetic machine and artificial heart are internationally recognized.

The Sabbatsberg hospital is one of the older and famed hospitals of Stockholm. In recent years an entire rebuilding program has been going on. The Pathological Institute has been in use for some time. This is a lovely building and is well equipped for research work in the various branches of medicine. When the entire program of rebuilding is completed, Sabbatsberg will be the thoracic centre for all of Sweden, with Doctor Crafoord as head. At present this type of surgery is being done by other capable men in other cities as well as at the Sabbatsberg.

The Orthopaedic Clinic of Stockholm is situated on the same beautiful grounds as the Karolinska Sjukhuset (hospital). The clinic is combined with the occupational and boarding school for cripples. The head of the Clinic is Professor S. Friberg. The orthopaedic department is most elaborately equipped and conveniently arranged. To visit this clinic is well worth while if one is looking for good ideas in treatment.

In Uppsala the professor of surgery is Professor O. Hulten. He is an eminent general surgeon and has several very good men under his directorship. A good deal of work is done at this clinic. The trip to Uppsala is most interesting as one passes through lovely

countryside. It is interesting to note the neatness of all the farms and the houses along the way, to say nothing of the number of bicycles one sees everywhere; perhaps one reason why the natives are well developed, they almost worship the sun and the fresh air.

In Lund, Professor J. P. Strombeck is the head of the surgical clinic. He is a clever general surgeon, and like the majority of the men in Sweden, is kind to visiting medical men from abroad. Doctor H. Wulff was also at this clinic but has since been made head of the surgical clinic in Malmo, in southern Sweden, not far from Lund.

While in Gothenberg, the seaport, it is well worth attending the Sahlgrenska Sjukhuset. Here considerable work is being done in cancer research. There are two surgical departments, with notable surgeons at the head,—Doctor A. Westerborn and Doctor E. Ljunggren, the former a general surgeon, and the latter a urologic surgeon. Both of these men have made worthwhile advances in their respective fields. A medical school is being planned in this city and it also will be worth a "stopover."

If the reader of this article desires pediatric surgery, fine work can be seen and obtained under Doctor P. Sandblom, who is head of the surgical department of the Children's Hospital (Kronprinsessan Louisas Vardansalt for Sjuka barn) in Stockholm. At this hospital, good success is being obtained with the Blalock type of operation for the Tétralogy of Sandifort. It is a very active children's hospital and one is favorably impressed in the research work being done here.

At the St. Ericks Sjukhus in Stockholm, Doctor Einer Perman is doing excellent abdominal surgery; his resections and anastomoses are worth a visit there.

Doctor I. Palmer, an internationally known orthopaedic surgeon is head of the department of the Sabbatsberg hospital. Professor Einer Key, another world-famed orthopaedic surgeon has retired from active surgical work and is now editor of *Acta Chirurgica Scandinavica*, a surgical publication which is an asset to any surgeon's library, as are the various *Acta* of those countries. Most of the literature coming out of these northern countries can be relied upon, for one finds the Swedish people an honest people.

For those men interested in cancer and cancer research the Radiological Institute of Stockholm is a Mecca where these interests may be satisfied. The institute is situated on the grounds of the Karolinska Hospital. At this world-famed cancer centre one can see cancer in most of its forms and various stages of treatment. There is a trend to do more radical type of surgery singly or combined with X-ray therapy in certain areas of the body. Doctor Berven, Doctor Lindblum and Doctor Heyman, all internationally known men, direct the institute and perform a wonderful work there. No medical man going to Stockholm should miss going to this centre.

Visiting men are always very welcome. The author had the "experience" of meeting Professor Yudin, one of Russia's better surgeons, at this institute.

Those who are gynaecologically inclined are advised to see Professor Sjuvall of Lund and Professor Westman of Stockholm at the Radiumhemmet (radiological institute). For neurosurgery, Doctor Olivercrona, the Harvey Cushing of Europe, is well worth seeing work at the Lasarsijksaus in Stockholm. Doctor Olivercrona and his assistants are performing considerably new operative procedures and research work in neurosurgery.

One cannot be long with the medical men of Sweden before realizing their profound knowledge of physiology and biochemistry, and their everyday use of this knowledge in their practice. The medical course in Sweden is longer and more difficult to pass through than is the case on this side of the water. A high standard is set in their educational system. Appointments to staffs and heads of departments are earned through hard, successful work, and progress made in research. A man is required to be an authority in his line of work before he is selected for the higher appointments in the Swedish medical schools. As a result of this system there are excellent men in the right places. When meeting these men and becoming more associated with them, one cannot help but understand why they are great men of international fame.

While in Stockholm, the author had the pleasure of visiting Dr. Leone MacGregor Hellstedt, the first lady graduate of the University of Alberta, and who has made her name famous in the pathological field, on both sides of the Atlantic. She is also a most charming hostess and has two very lovely and clever children. Dr. Hellstedt is a co-author of several books and has translated a number into English.

It is a valuable experience for the "foreign" visitor to make grand rounds with the chief and his assistants at the various large hospitals in Stockholm and elsewhere. For by this means one can see many cases under treatment, noting the procedure and the results firsthand. An example of ONE of these rounds is the following:

- Shaft fracture of femur with medullary steel fixation, 1.
- Carcinoma of the oesophagus, 4, to be operated upon.
- Patent ductus arteriosus 7, operated upon.
- Acute appendicitis case, later operated on for coarctation of aorta, 1.
- Carcinoma of the breast, 11, operated upon.
- Common duct stone, 6, operated upon. (The incidence of G.B. disease is high in Sweden. The surgeon routinely injects opaque material in the duct at the operation before exploring the common duct; if there is no blockage they do not explore.)
- Patent ductus, 5, to be operated upon.

Carcinoma of the lung, 11, operated upon.
 Mediastinal abscess from fish-bone perforation of oesophagus, 1.
 Coarctation of the aorta, 7, operated upon.
 Carcinoma of the colon, end to end anastomosis, 3.
 Lobectomy for bronchiectasis, 6, operated upon.
 Aortic aneurysm, 3; 2 operated upon, 1 to be.
 Constrictive pericarditis, 4; 2 operated upon, 2 to be.
 Carcinoma of the lung, 7, to be operated upon.
 Adenoma of the bronchus, 3; 2 operated upon, 1 to be.
 Tetralogy of Fallot, 4; 2 operated upon, 2 to be.
 Diaphragmatic hernia, 4, operated upon.
 Carcinoma of the oesophagus, 3, resected.
 Oesophagogastrostomy for cardiaspasm, 3, operated upon.
 Bronchiectasis, 4, to be operated upon.
 Thoracoplasty, 4, operated upon.
 Combined excision of the rectum, 4; 2 operated, 2 to be.
 Umbilical hernia, 2, repaired.
 Also an imposing list of less major type of surgical lesions were shown on this one round.

THE HOSPITALS

The new hospitals in Sweden, especially in Stockholm, are the most modern one has ever had the opportunity of visiting. They are very efficiently staffed, well organized and wonderfully equipped.

The Kårolinska, a 1,056 bed hospital with professors, three full-time assistants, 20 part-time assistants, 60 internes and 440 nurses, is beautifully situated on the outskirts of Stockholm. It is elaborately equipped. The rooms are spacious and conveniently arranged. The private rooms are very homey and quiet. Everything that could be desired in a hospital and its environs this hospital has, from the main entrance to the garbage disposal. The murals on the walls, the multiplicity of automatic single and multiple passenger elevators, the lecture theatre with its terraced cushioned chrome seats, automatic lighting, reflectoscopes for throwing one's waiting on the wall instead of using a blackboard, the electric beam for opening doors and many other features make this lecture theatre a place to see and marvel at.

The X-ray department is truly a revelation for size and equipment. To see the great numbers of films and the speed with which they are passed through the solutions and the excellent results obtained is worth a trip to the Karolinska alone. There are nine 15x10 ft. rooms with three whole walls used for view boxes where all the films of the previous day are ready for review by the staff members. The filing of films is unique and most practical. One knows of no place in the world that has a better-equipped X-ray department. The size of the place astounds one, and it is made all the more attractive with the use of chrome plate equipment.

The operating rooms are very well arranged and all the space and time-saving conveniences are there. The instruments are of

easy access, quickly sterilized and handled expertly by the nurses. Each department has a separate lounge and dressing room in the O.R. units.

The library is large, well stocked, and comfortable chairs are conveniently placed. The dining room for the staff doctors is beautifully decorated with murals and has an appetizing atmosphere. The meals are self-served in Swedish style and of excellent satisfaction. Visitors may dine here upon purchasing meal tickets at reasonable cost.

Under the hard-rock, earth-covered grounds of the Karolinska hospital park there is a 250-bed underground hospital, for air-raid purposes. It has operating rooms and X-ray department. It is air-conditioned and of easy access from the main hospital. This would be most convenient in time of need, as the thickness of the roof is ten feet of solid rock.

During the latter part of the war—"our war"—a larger and more grandiose hospital was built in the southern part of Stockholm called Sudersjckhuset (southern hospital) at a cost of eleven million dollars. This hospital is also beautifully situated and in many respects more modern than the Karolinska. Its great size has been overcome by distinct separation of the departments, each having its own operating room unit and laboratories. The rotunda alone is 135x135 feet in size, giving some idea of the size of the remaining hospital. One of the eight wings is occupied by a lovely church with a pipe organ and all the features of a Protestant church. The hospital is being staffed by up-and-coming young men and will soon be one of THE many attractions of the medical world of Sweden. Many of the features of this and the Karolinska hospitals were incorporated in the Sunnybrook hospital in Toronto.

CONCLUSION

Space does not permit one to write in detail regarding one's impressions of a country which has escaped two wars and has made progress thereby. Suffice it to say that Stockholm is fast becoming a centre for post-graduate training, as was Vienna of the past, yet with a greater future and much less of the Germanic type of surgical procedure as one saw in Vienna some years ago.

For those who travel across the waters in search of medical or surgical knowledge, they would be wise to go to Sweden for a time and obtain first-hand information from the men of that country before returning to Canada.

Because of the title of this presentation one has avoided writing upon the post-graduate opportunities in England, but in concluding, one will mention a few points which might be helpful to those men interested in going to this "Mecca of Medicine", namely London. When there is a population of some nine million concentrated as in London it is natural to expect the potentialities for medical work are great. This is very true in London.

The British Post-Graduate Hospital at Hammersmith, London, is the centre of this Mecca. Since the war the hospital at Hammersmith and other teaching hospitals of London have been restaffed by younger men, in many instances who have had wise experiences in the war, and a new spirit of progress is observed there in post-graduate work.

Opportunities for post-graduate training go on at Leeds, Manchester, Newcastle, Birmingham and Edinburgh; but due to the losses from the recent conflict these centres are working under strained conditions, yet are doing Spartan work. A very friendly reception is always given men from the Dominions, and the kindness shown is often beyond the means of the giver. One shall never forget this true English kindness shown me at Leeds and Newcastle in the recent trip and during the war in other parts of England.

The spirit of the British people, it is well to remember, will never fail, and in the inescapable sombre times ahead often their fortitude will be challenged, often their ideals will be frustrated by circumstances, but the true mettle of the English emerges only when tried by the fires of adversity. England, now licking her wounds, will come back as she has never come back before, more glorious and more respected than any country in the world because of her sacrifices, her inherent honesty and her justice. For it is these high qualities that make Great Britain great.

CHAPTER XI.

A CHURCH, A TOWER, TWO HOLES AND A LANE IN LONDON

(A Travelogue)

Uncountable books, pamphlets and papers have been written on London's every nook, cranny and corner, which number thousands. The following are written only for the purpose of stimulating the thought towards these thousands of others.

The "Church-of-the-Why-and-the-Wherefore" is a tiny church just around the corner from the Bank of England, off Threadneedle Street. Here regular services are held and the reasons for and results of anything in the world are expatiated upon. It is sort of a "horse-sense" or logical institute.

The "Fire Tower" is in the centre of the London fish market. It is here that the London fire was brought under control. A trip through the block-after-block fish trade market is an education in itself. It is here one sees the English laborer using his head to good advantage, for many boxes or baskets of fish, weighing 150 to 200 pounds, are carried on the top of the head from one stall to another, or from boats to the trucks. These fishmongers wear a specially constructed hat for the purpose. For a small price it is well to go up the tower to the top by a winding staircase, and see that thrilling scene of working humanity along this part of the Thames, and look across areas which contain several millions of people, and at the same time become aired out from the smell of fish, fish, fish, for just below there are fishes, fishes and nothing but fishes!

The "Hole in the Wall" is a pub, beneath a causeway just east of Waterloo Station. One must crawl through the hole to get inside; one generally can get "poured" out through another hole! It originally was a bandit's hideout when Charles I was around.

"Dirty Dick's"—a hole in the ground—a pub, is just across from Liverpool Street Station (south entrance). You must be there at certain hours as the door is locked at certain times. You reach it by descending a dirty stair, really a hole, and you continue to see dirt, cobwebs, dried-up dead cats, dogs, birds and fish hanging from the dirty musty ceilings. There is a long fairly clean table where pale ale or "what-you-want" may be obtained at the regular London pub prices. The characters you see down, far down beneath this

London spot are worthy of note; one wonders if some are dried and dead like the cats hanging from the ceiling, or just playing possum; real characters, these. You come out all "crawly" and wonder where you have been!!

"Petticoat Lane" is the Sunday morning public market-trading-stealing place of London. It opens at eight and closes at twelve. It covers about eight square blocks of the London area near Liverpool Street Station. Literally everything is seen for sale. A place to see, indeed, but stick close to your friends and loose change!!

After visiting a Church, a Tower, two Holes and a Lane, it is well for one to take the Thames River boat up to Hampton Court, to Windsor, Eaton, or even up to Maidenhead, Henley or Oxford. Perchance you might well visit and study the numerous museums, the Law Courts, the homes, the Galleries, the Parks, the Churches, the Mother of Parliaments, the Palaces, and the playing fields of London and of England. Travel across the countryside, along the lanes and hedges, or in the factories and deep in the mines, as well as visit the ships that sail the Seven Seas; for only by so doing will you learn the Englishman's way of life and learn the Why and the Wherefore that makes Great Britain great,—then you may have forgotten what you saw at a Church, from a Tower, in Two Holes, and in a Lane.

ICELAND, A LAND OF HOT SPRINGS AND FINE PEOPLE

(A Travelogue)

While flying from England to Canada in the summer of 1947, the author had an opportunity of seeing this island from the sky and on the ground, and during a short stay to learn something of the customs of the people and their high educational standards.

Iceland is a Danish Island in the North Sea close to the Arctic Circle. It lies about 500 miles northwest of the Shetland Islands and 250 miles southeast of Greenland. It covers about 40,000 square miles. There are numerous lakes and fjords, many glaciers are found in its most northern areas, while large areas of the interior are covered with lava. There are many volcanoes. Hot springs are numerous and the geysers are famous for their intermittent eruptions of scalding hot water. Many houses are thus heated: Vegetables, yes, and fruit, grow well here, although fishing, hunting and mining are the basic sources of trade.

The scenery of the Island is of great natural beauty, especially in the central and southern areas. Many rivers and waterfalls are seen, which enhance any country's beauty.

The capital, with self-government for all the Island, is Reikjavik, a very modern city with high University standing and a progressive health department. Modern buildings and facilities are to be found here. Music and art are taught in the cities and towns.

The Icelanders are well educated, extremely polite, kind and clean. Their complexion is fair and the hair blonde, a peaches-and-cream complexion is sufficient to prevent the use of the American facial mixtures. The Icelanders are off the beaten track of the world and thus are captains to themselves—a way of life which sets an example for others more southerly removed.

After seeing Iceland and learning the above facts one leaves this Island with much greater knowledge, a better impression and greater respect for these men and women of the North Sea island. In Canada we have sons and daughters from this island and they are worthy citizens in the land of their adoption,—progressive, peaceable, religious and educated, all of which are assets to any country of adoption.

CHAPTER XII.

THE MARITIME ASSOCIATION OF EDMONTON

PRESIDENTIAL ADDRESS

Honorary Members, Past Presidents, Ladies and Gentlemen:

When the program was timed I was allotted eight minutes of the 115 put at our disposal, so if you will bear with me for that time I promise you will enjoy the remaining portion of the program.

As President of the Maritime Association of Edmonton, it gives me much pleasure in seeing the good number from the Maritime Provinces on this auspicious occasion; auspicious, because it is a time when old friends meet, and new friends are made; auspicious, because it is the first night that the famous Works of Dickens has been placed before our eyes by the press.

Following the last successful annual gathering, your Executive members have met on three occasions with the results which they wish to present to you tonight. It is at this time that one wishes to express one's greatest appreciation for their kindness and the ability which they have shown at all times in arranging this function. All members have given unstintingly of their time for your benefit, and whatever the praise that may be forthcoming this evening, it is to be rightfully placed on the members of the Executive, and the artists of the program; I take no share in the acceptance. I will be glad to hear of the faults and will accept them, and make efforts to correct them at the next general meeting.

I have not had the pleasure of meeting you in this manner previously and no doubt I am a stranger to the majority, yet I will not burden you with my nomadic life, which trails from Alaska to Rome, but merely state that unfortunately I have never lived in Nova Scotia or on "The Island", but I was fortunate in having my home in New Brunswick. Moving as we did, every three or four years, I obtained my schooling at several places through the province, such as Richibucto, Bayfield, Fredericton, Grand Lake, and Plaster Rock, topping off at Mount Allison before taking up medicine. My father and grandfather being twigs of the U.E.L. of Saint John, I consider New Brunswick a great province to live in, or even come away from; not forgetting of course the superiority of the Nova Scotian and the "Islander".

It is said that a wise people preserves its records, gathers up its muniments, decorates the tombs of its illustrious dead, repairs its great structures, and fosters provincial and national pride by perpetual references to the sacrifices and glories of the past.

With these thoughts in mind I have read through the records of your Association since its inception, and I find that each one of you have been wise in preserving the records in one form or other of your ancestors; you have gathered up the muniments in the form of recollections and restorations of acquaintances; you have decorated the tombs of the dead by keeping fresh in the minds of the younger generations, your forefathers who pioneered the provinces by the Sea; many of you have sacrificed loved ones for the betterment of mankind, and have contributed to keep afresh the outstanding men and women not merely by laying of wreaths but by the act of kind words and fond memories concerning them; many of you have repaired institutions in your home town by financial means; many of you have donated sums of money to your Alma Mater in order that its name may never die,—one refers to Dalhousie, U.N.B., Acadia, Mount Allison. You all take pride in your inheritance and love the country in which you were born, and have carried out these high ideals to Edmonton, the CITY BEAUTIFUL on the Western Plains. With these few words I reiterate that you are fulfilling the duties of a wise people.

Thank you!

Edmonton, 1936.

THE AZORES

(A Travelogue)

The steam-yacht *Erin* sailed into these volcanic Southern Atlantic islands of Portugal in the early morning of July 30th, 1930, after many days searching for the lost *Shamrock V.*, Sir Thomas Lipton's racing yacht.

It was a beautiful sight to see when entering this Archipelago this early morning in the clear sunlight, with two of the higher volcanic mountains of the islands wearing a halo effect from low-lying clouds about halfway down their sharp peaks.

The Azores group is made up of seven islands of which Fayal Island is the largest, and upon which the large town and capital of Horta is situated. around a beautifully protected harbor.

Fayal is about ten miles around, upon which bananas, pine-apples, passion fruit and other tropical fruit grow. The shore and the land are formed from old lava, a fine sandy dark earth which is very warm to tread upon, though unnoticed by the natives. The houses in Horta are built of stone and painted white, or white-washed. There are many houses cracked from the more recent volcanic reaction. The beach is excellent for swimming and the waters are used most of the day by many of the younger inhabitants.

After the necessary International "red-tape" was cut, we anchored in the beautiful harbor of Fayal and invitations were received from the British Consul to attend a garden party at his residential gardens. The afternoon was spent in company with the British Consul, his wife and their daughter. We were "royally" entertained, followed by a car trip around the Island. The sights on this trip were indeed wonderful. The foliage was beyond one's imagination, the natives passed by with oxen and carts with wooden wheels—a rather lazy type of Portugese live here, of course they have no place to go!! They all, or nearly all, go without shoes. Articles to buy are very low in price but only of souvenir value.

Following the kindness of the Consul, I left to visit the hospital, a most out-of-date place indeed. Dr. Neves, in charge, was the most hospitable gentleman I can ever remember meeting, a gem in this part of the Atlantic, I would say. Following the fraternal exchanges he took me out to his estate and we dined in a very high Portugese manner, after which he drove me down to the harbor and I was taken aboard the steam-yacht Erin, and after reading, and conversing with the other men, retired for the night.

The next morning was glorious, yet the heat was terrific. Swimming seemed to be the earliest exercise the natives take, for the waters were early broken by them.

The Erin took on coal most of the day—it was carried from a scow by natives using large baskets and in their bare feet. Supplies were brought on the Erin and the Shamrock V. which joined us at Fayal after being lost for six days.

At six o'clock in the evening both boats raised anchor and we sailed lightly and peaceably out of the beautiful harbor of Fayal, when a most beautiful sunset was at its best. The breakwater and the beaches were lined by native Portugese, and officials of England who had gathered to see us on our way across the remaining part of the Atlantic ocean, which was now like a mirror. Around the fortified end of the Island we sailed, the Shamrock V. looking so majestic with her white sails and green body,—a more beautiful sight and departure could not be had. This was later followed by the sun disappearing as the Azores faded out in the distance, and a gorgeous full moon came up. What a wonderful sight and memory of the Azores and Fayal,—a picture that will always remain in the memories of those favoured few on the steam yacht Erin and Shamrock V.

MAY BE THEY WILL COME AGAIN

Have we modern doctors in our zeal for medical advancement and specialization lost the human touch of kindness and friendship for those we serve?

Meeting the financial obligations incident to medical care is often as much a problem to the patient as recovery of health itself. If we could but turn an international "blind spot", upon this phase of the patient's life, we might be fulfilling our duties as doctors; we so often fall short of being a friend to the sick, or the sick to the profession, because of finance, though every man is worthy of his hire. What is the psychology of "U-O-ME" and "I-O-U"?

Why did so many noble men of this art, who have gone before, leave lasting treasures and friendships in their community and to the world at large? Was it because the majority were general practitioners and medical grants in their own rights, or was it because they lived in that age of quiet loveliness. They left so much to posterity and their names remain through the ages. Has specialization destroyed this great asset that the general practitioner held so long?

The whole world needs something—perhaps more kindness, more friendship or more time. If only friendship could be added to the science of medicine again as it was so frequently seen in the horse-and-buggy days, what a peaceful world this would be. Those days could come again if each played his part today and reaffirmed our allegiance to the Hippocratic oath, then expressions might be heard again at parting, as "He was a great friend of his patients", "He was my best true friend", "He was a good friend and a good doctor", or "He was so kind and cheerful to everyone".

The human touch, the true hand clasp, little acts of kindness—little ones are all that are needed—a kindly and cheery smile, words of encouragement and comfort are all so greatly needed in the present day practice of medicine; in a world so full of speed and greed.

Surely these treasures will come again.

May be kinder quainter customs will come again; more bows and less smirks, more praise and less criticism, more love and less hatred, more waltzes and less jazz, more Chopin and fewer "soap operas", more appreciation of kindness by the thoughtful and less selfishness by the greedy, more time to rest and meditate and less time to worry, more "homing" and less "clubbing", more saving and less wasting. Yes, and more time to study the Creator and nature's wonders, and less time to spend on "wasted fields" of our life. May be a tune of an old favourite will be whistled again at any time of the day. May be they will come again, "the days of quiet loveliness".

Each man is Captain of his ship, he may ride the open ocean or remain within the harbor until he has crossed the bar. In either

case the voyage can be smooth if only the seaways of quiet loveliness are charted and followed. To the recent graduate one would say: "You are now crossing the harbor, the ocean lies ahead."

It is well to remember that while the busy doctor is toiling day in and day out, month in and month out, the fibroblasts are hurtling over each other to lay down scar tissue in the coronary arteries, until the arteries become smaller, the heart bigger, and its beat faster. The tailor may have to put a zipper in his trousers instead of buttons; all signs of failing mechanism which is due to attrition, the stress and strain of a busy, restless life.

Yes, we heard that he was going to take it easy, perhaps take a Southern cruise with his young family and enjoy a well-earned prolonged holiday. Then the day of hurry is over, and he will pause. The only quiet voyage will be his last, and inch by inch they will lower him down, and when the last car swerves around the corner, the senior grave-digger will say, "Throw her in, Bill, I'm in a hurry", and the hollow drop becomes a staccato, while down the street may be seen another doctor going to attend his patients. It is too sad that those days of quiet loveliness did not come while he lived.

May be those days of quiet loveliness and solitude will come to us. Well, may be they will come again.